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Willie L. Brown, Jr., Mayor

Commission on the Aging
Raymond del Portillo, Ed. D, President
David A. Ishida, Executive Director

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AREA PLAN 1997-2001

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TABLE OF CONTENTS

INTRODUCTION i

PART ONE: AREA PLAN BACKGROUND 1
Section A: Setting the Stage 1
DESCRIPTION OF THE PLANNING AND SERVICE AREA 1
Physical Characteristics 1
Demographic Characteristics 1
Unique Resources and Constraints 9
Description of the Service System 9
San Francisco Commission on the Aging (COA) 10
Department of Human Services (DHS) 21
In-Home Supportive Services Public Authority 21
The San Francisco Board of Supervisors Long-Term Care Task Force . . . 22
Department of Public Health (DPH) 23
Housing Authority and Mayor's Office of Housing 24
Public Administrator/Guardian/County Veteran Service Office 24
Recreation and Park Department 25
Muni/Paratransit 25
Police Department 25
Other Institutional and Community-Based Services 25
Description of the Area Agency on Aging 28
Mission Statement 29
Section B: Establishing Priorities 32
PUBLIC INPUT AND THE PLANNING PROCESS 32
Needs Assessment Plan for FY 1996-97 and FY 1997-98 33
Regional Strategic Assessment for Older Adults 33
Building Food/Meal Capacity in San Francisco Survey 34
Welfare Reform Implementation and Immigrant Communities Needs Assessment 34
NEEDS ASSESSMENT, TARGETING AND IDENTIFICATION OF PRIORITIES 35
Impact of Welfare Reform Legislation 35
Needs Assessment Description 38
San Francisco Profile of Immigrants and Refugees 39
Board of Supervisors Budget Analyst Report, January 1992 39
Senior Services Plan 1994-2000 40
COA Advisory Council's Long-Term Care Committee 41
Senior Populations Targeted in Service Delivery 43
Adequate Proportion 44
Senior Services Plan 1994-2000 Implementation 44
COA Five Year Priorities Plan: Summary of Anticipated Trends and Changes FY 1995-96 through FY 1999-2000 49
Draft COA MIS Plan 56

PART TWO: AREA PLAN GOALS AND OBJECTIVES 60
Goal #1: Plan And Coordinate A Consumer-Driven Approach To Meeting Senior Needs 60
Goal #2: Increase Consumer Access To Services 62
Goal #3: Develop Housing And Housing Assistance For Seniors 64
Goal #4: Improve Public And Paratransit Transportation For Senior Consumers 65
Goal #5: Increase Safety And Security 66
Goal #6: Alleviate The Impact Of Welfare Reform 68
Goal #7: Improve Nutrition Program Targeting 69
Goal #8: Emphasize Preventive Health Programs 71
Goal #9: Encourage Nutrition Providers To Use Environmentally Sound Methods 73
Goal #10: Enhance Nutrition Programs Capability Of Containing Costs/Maintaining Services 74
Goal #11: Inclusion Of Disabled Senior Population 75
Goal #12: Document And Implement Improvements In Elder Abuse Reporting 76
EVALUATION 77

PART THREE: AREA PLAN ADMINISTRATION INFORMATION 78
SERVICE UNIT PLAN FY 1997-98 78
BUDGET 81
ASSURANCES 93
APPENDICES 102
APPENDIX IA 102
APPENDIX IB 103
APPENDIX II 104
APPENDIX III 106
APPENDIX IV 107
APPENDIX V 108
APPENDIX VI 111
APPENDIX VII 112
APPENDIX VIII 113
TRANSMITTAL LETTER 114

AREA PLAN FY 1997-2001
FY 1997-98
INTRODUCTION

The Area Plan is the end product of the planning process mandated by the Older Americans Act to ensure that a comprehensive and coordinated system of services is available for older persons. Each Area Agency on Aging must develop an Area Plan every four years based on the format prescribed by the State Unit on Aging. The California Department on Aging (CDA) provides an outline for the development of the Area Plan and specifically describes what must be included and what sections may be optional. The Commission on the Aging (COA) has chosen to include all optional sections.

The purpose of ***Part One****: Section A, Description of the Planning and Service Area*, is to provide the public with a readable introduction to the Commission on the Aging service area and its service network. An overview is given of the physical characteristics of the service area, demographics of the potential client population, unique resources and constraints of the service area, and a broad description of the service network existing in San Francisco. This section provides the framework for setting priorities and developing goals and objectives.

Part One: Section B, Establishing Priorities, includes a discussion of how public input is part of the planning process, includes a description of the targeting policy for consumers served, describes the needs assessment process, and defines how priorities have been defined. This section describes the process for establishing goals and objectives.

The COA needs assessment process is under development in an exciting, new regional context. The COA is participating in a Regional Strategic Assessment for Older Adults which is being coordinated in five Bay Area counties. The results of this assessment will be used to update goals and objectives for FY 1998-99. The priorities listed in this section are the result of past needs assessments, the current projections regarding Legal Permanent Residents (LPRs) at-risk of losing SSI benefits in San Francisco starting August 1, 1997, and the ongoing implementation of the Senior Services Plan 1994 - 2000.

The Area Plan format stipulates that ***Part Two****: Area Plan Goals and Objectives* must be derived from the needs assessment process, from the targeting policy, and from the priority setting process. Though only Phase 1 of the regional needs assessment is nearing completion, the COA has several comprehensive and still current needs assessments upon which to base FY 1997-98 objectives. The COA Area Plan's first five goals are the goals set by the Senior Services Plan 1994 - 2000.

A new section entitled *Evaluation*, which is optional at this time in the Area Plan format instructions, has been included after Goals and Objectives. This section describes the evaluation process now under way for senior central implementation.

The final section, ***Part Three**: Area Plan Administrative Information*, includes the following components: *Services Unit Plan for FY 1997-98*; the *Area Plan budget for FY 1997-98*; a section called *Assurances* which describes mandates for service delivery required by CDA and the Older Americans Act; and various *Appendices* required by the CDA.

The format for the Area Plan provides for updates in priorities and objectives in each year of the plan. The Area Plan is a flexible document that will change as the planning process continues. The COA considers the Area Plan an important document upon which to base the work of the aging network. When the abbreviation COA is used in the Area Plan, it refers to the seven Commissioners; the COA Advisory Council members; COA-funded service providers, volunteers and consumers; and COA staff, all of whom work together to fulfill the Area Plan objectives. The COA network includes all these groups as well as advocacy organizations, city departments with programs for older people, and many other senior organizations in the city that do not receive COA funding but are an important part of the service network. The COA encourages input into the Area Plan, particularly from consumers, and from all the organizations listed above.

Part One

AREA PLAN BACKGROUND

Section A: Setting The Stage

AREA PLAN FY 1997-2001

PART ONE: AREA PLAN BACKGROUND
Section A: Setting the Stage

DESCRIPTION OF THE PLANNING AND SERVICE AREA

Physical Characteristics

The City and County of San Francisco is designated as a single county Planning and Service Area for the San Francisco Commission on the Aging (PSA 6). The City and County of San Francisco is central to the Bay Area, a large metropolitan five-county region. Although geographically the smallest county in the state (46.1 square miles), San Francisco is recognized as the financial, retail and cultural center of Northern California. San Francisco is a port city situated on the northern tip of a peninsula bounded on the West by the Pacific Ocean, on the North by the Golden Gate, on the East by San Francisco Bay and on the South by San Mateo County.

For the 1990 Census, San Francisco is divided into 153 census tracts. The San Francisco Department of City Planning has divided these census tracks into 15 Planning Districts.

Demographic Characteristics

According to the 1990 Census, the total population of the City and County of San Francisco is 723,959. This is a 6.6% increase from the 678,974 total persons residing in San Francisco in 1980. The majority (53.4%) of the total San Francisco population are ethnic/racial minorities. Over one-quarter (28.4%) of the total population are Asian/Pacific Islanders, 13.9% are Hispanic, 10.6% are African-American, .4% are American Indian, Alaskan Native or Aleut and .2% are classified by the Census as Other (See Table 1).

1990 Census data report that there are 137,748 persons age 60 and over in the City and County of San Francisco. This is 19.03% of San Francisco's total population. (In California, this percentage is the sixth highest of all of the 33 PSAs). One caution in interpreting these data is the possibility of an under count of the senior population in San Francisco, especially in the non-English speaking and low-income communities.

The over 60 population in San Francisco is 46.2% ethnic/racial minorities. The largest minority group of persons age 60 and over is Asian/Pacific Islander (27.3%), followed by African-American (9.5%), Hispanic, (9.1%), American Indian, Alaskan Native or Aleut (.2%)

and Other (.1%) (See Table 1). Furthermore, the lesbian and gay elderly population in the City is estimated to be at least 10% of the over 60 population or approximately 13,775 persons. Some estimates have placed this percentage as high as 24%. It is believed that because of the somewhat unique and liberal/tolerant social climate in San Francisco, the City would draw a greater migration of lesbian/gay persons. Additionally, the 60 and over population in San Francisco is composed of 58.4% (80,456) women and 41.6% (57,292) men. Women are a much larger majority of the elderly poor, those with long-term chronic illnesses and the elderly who live alone.

Over one-third (34.9% or 48,110) of the total population age 60 and over are persons age 75 and over. This is 6.7% of the total San Francisco population. Table 2 shows the San Francisco population age 75 and over by race and Hispanic origin. In the 75 and over group, 69.2% are White. Furthermore, 12,149 or 8.8% of the total population age 60 and over are persons age 85 and over. Table 3 shows the San Francisco population age 85 and over by race and Hispanic origin. About two-thirds (67.9%) of persons age 85 and over are White.

The Older Americans Act, as amended, states that the term "greatest economic need" means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. In 1990, the percentage of the San Francisco population age 60 and over with incomes at or below 100 percent of the poverty level is 9.8% or 13,520 persons. Tables 4 and 5 respectively, show the ethnic/racial breakdown of those persons age 60 and over, and those age 75 and over, that are reported to be at or below the 100 percent of poverty level.

Near poverty thresholds are defined as 125% of the poverty threshold. According to the 1990 Census, the San Francisco population age 60 and over with incomes at or below 125 percent of poverty level number 22,483 or 16.3% of the over 60 population. In 1990, the number of San Franciscans age 75 and over with incomes at or below 125 percent of the poverty level is 8,625 or 17.9% of the over 75 population. According to a 1993 Older Women's League report, older women are twice as likely as men to live in poverty. Furthermore, older minority women have the highest poverty rates.

Even though the population of San Franciscans age 60 and over only increased by 67 (.05%) persons from 1980 to 1990 (137,681 to 137,748), the population of persons age 75 and over increased by 4,518 (9.39%) between these same years (43,592 to 48,110). Furthermore, between 1980 and 1990, the over 85 population in San Francisco increased by 2,519 (9,529 to 12,148) or 20.74%.

According to the 1990 Census, the number of persons in San Francisco age 60 and over who live alone is 42,847 or 31.1% of the total senior population. (Those who live alone and are over 65 number 36,262 or 34.4% of the over 65 population (74% or 26,714 are women

and 26% or 9,548 are men). The 65 and over institutionalized population (living in skilled nursing facilities and residential care homes) equals 3,173 persons or 3%.

Approximately one quarter (22.9% or 24,086) of San Franciscans age 65 and over (total = 105,380) reported that they have a mobility or self-care limitation.

According to the 1990 Census, 42,061 foreign-born persons of all ages entered San Francisco between 1987 and 1990. The total number of persons over age 65 who speak Spanish (2,908), the variety of Asian/Pacific Islander languages (14,939), or another language (2,525), and "do not speak English well or at all" is 20,372 or 19.33% of the over 65 population. The total number of persons over age 65 who speak Spanish (2,529), the variety of Asian/Pacific Islander languages (12,583) or another language (3,729) and are "linguistically isolated" is 18,841 or 17.88% of the over 65 population.

San Francisco is divided into many different districts of varied racial and ethnic composition. The various ethnic populations reside in distinct neighborhood districts. As stated in the Budget Analyst Report to the San Francisco Board of Supervisors (January 1992):

> "According to the 1990 Census, the majority of San Francisco's seniors live in the outer Richmond, Visitacion Valley, Excelsior, Bernal Heights, South of Market, and the Central City. Seniors age 75 and older are primarily located in the Sunset, outer Richmond, Ingleside, Excelsior, and Visitacion Valley. African American seniors are located primarily in the Western Addition, Bayview Hunters Point, Excelsior and Ingleside. Hispanic seniors are primarily located in the Mission, Bernal Heights, Excelsior, and Visitacion Valley. Asian seniors are in the Richmond, Excelsior, Visitacion Valley, Chinatown and South of Market."

TABLE 1

SAN FRANCISCO POPULATION AND AGE 60 AND OVER POPULATION BY RACE AND HISPANIC ORIGIN (unduplicated)				
RACE/ETHNICITY	TOTAL POPULATION	PERCENT OF TOTAL SF POPULATION	NUMBER 60+	PERCENT OF TOTAL 60+
White	337,118	46.57%	74,164	53.84%
Hispanic	100,717	13.91%	12,569	9.12%
African-American	76,343	10.55%	13,026	9.46%
American Indian/ Alaskan Native or Aleut	2,635	.36%	251	.18%
Asian/Pacific Islander	205,686	28.41%	37,628	27.32%
OTHER	1,460	.20%	110	.08%
TOTAL	723,959	100%	137,748	100%

1990 Census

TABLE 2

SAN FRANCISCO POPULATION BY RACE AND HISPANIC ORIGIN
AGE 75 and OVER (unduplicated)

RACE/ETHNICITY	NUMBER 75+	PERCENT OF TOTAL 75+
White	30,280	62.94%
African-American	3,574	7.43%
American Indian/ Alaskan Native or Aleut	0	0%
Asian/Pacific Islander	10,303	21.42%
Other	35	.07%
Hispanic	3,918	8.14%
Total	48,110	100.00%

1990 Census

TABLE 3

SAN FRANCISCO POPULATION BY RACE AND HISPANIC ORIGIN
AGE 85 and OVER

RACE/ETHNICITY	NUMBER 85+	PERCENT OF TOTAL 85+
White	8,254	67.95%
African-American	736	6.06%
American Indian/ Alaskan Native or Aleut	0	0%
Asian/Pacific Islander	2,141	17.62%
Other	4	.03%
Hispanic	1,013	8.34%
Total	12,148	100.00%

1990 Census

TABLE 4

SAN FRANCISCO POPULATION WITH INCOME AT OR BELOW 100 PERCENT OF POVERTY LEVEL BY RACE AND HISPANIC ORIGIN

AGE 60 and OVER

RACE/ETHNICITY	NUMBER 60+ LOW INCOME	PERCENT OF TOTAL 60+ LOW INCOME
White	6,236	46.12%
African-American	2,113	15.63%
American Indian/ Alaskan Native or Aleut	30	.22%
Asian/Pacific Islander	4,670	34.54%
Other	471	3.48%
[1]Hispanic Origin	1,200	8.88%
Total	13,520	100.00%

1990 Census

[1] Duplicate count - persons of Hispanic origin may be of any race

TABLE 5

SAN FRANCISCO POPULATION WITH INCOME AT OR BELOW 100 PERCENT OF POVERTY LEVEL BY RACE AND HISPANIC ORIGIN

AGE 75 and OVER

RACE/ETHNICITY	NUMBER 75+ LOW INCOME	PERCENT OF TOTAL 75+ LOW INCOME
White	2,737	58.21%
African-American	405	8.61%
American Indian/ Alaskan Native or Aleut	0	0%
Asian/Pacific Islander	1,443	30.69%
Other	117	2.49%
[1]Hispanic Origin	398	8.46%
Total	4,702	100.00%

1990 Census

[1] Duplicate count - persons of Hispanic origin may be of any race.

Unique Resources and Constraints

San Francisco stands out as a county that is a leader in the provision of local funding for community-based aging services. A 1978 ordinance of the San Francisco Board of Supervisors committed one-third of the local off-street parking fees and annual interest to aging service programs in the city. In FY 1996-97, the total funding from this source was approximately $7.2 million dollars. There is a potential increase of 3% for FY 1997-98. Combined with federal and state grants, San Francisco is a service rich community for elders, comparatively speaking.

The General Fund of the City and County of San Francisco contributes $1.5 million to the COA budget. The federal Administration on Aging through Older Americans Act Funds contributes $2.3 million, the California Department of Aging contributes $1 million, and the United States Department of Agriculture contributes $1.1 million.

In recent years, city services have been affected by large budget deficits. The deficit for fiscal year 1993-94 was over $200 million dollars, over $100 million for FY 1994-95 and approximately $100 million for FY 1995-96. This affected the general fund dollars that the COA received in addition to the budgets of other city departments that provide direct services to the elderly (Department of Public Health, etc.). Due to these budget realities in FY 1993-94, the COA implemented targeted cuts for contract agencies and deleted some staff positions.

In FY 1996-97, Mayor Willie Brown approved a 3% increase for COA Contractors. An increase for FY 1997-98 has been requested but not yet approved.

The projected city budget deficit for 1997-98 is approximately $100 million dollars. This includes $40 million dollars to cover additional General Assistance (GA) benefits as a result of Welfare Reform.

Description of the Service System

According to a January 1992 Budget Analyst Report to the San Francisco Board of Supervisors entitled "*Needs or Gaps in Services for Senior Citizens* (Part II)," the City directly provides thirty-three programs that serve approximately 54,000 senior citizens. Furthermore, the close to 100 nonprofit aging service organizations identified in the Report serve a total of approximately 109,000 senior citizens.

Funding for senior service programs in the city comes from a variety of sources. According to the 1992 Budget Analyst Report, the Commission on the Aging funds approximately 18% of the City Departments' programs and approximately 24% of the nonprofit agencies' funding. For the City programs, approximately one-half of the remaining funding comes from Medi-Cal and State and federal grants. In addition, the nonprofit agencies receive funding from Medi-Cal, Medicare, private donations and grants.

The City and County of San Francisco is considered to be a leader in aging services. In part, this is due to the efforts of many city officials and nonprofit sector leaders who have

been committed to bettering the lives of elderly San Franciscans by providing funding and many innovative and effective service programs.

One of the major city departments involved in funding direct services to the senior population is the Commission on the Aging.

San Francisco Commission on the Aging (COA)

The Commission on the Aging (COA) acts as a contracting agency, having formal arrangements with thirty-seven community-based nonprofit and two public agencies to provide services to San Franciscans age 60 and over. (Attached are listings of COA contract agencies). The majority of COA funding dollars for direct services support nutrition programs (congregate and home-delivered meals) and senior center activities (community services). As of July 1997, the COA will administer nine new contracts involving seven new program areas, all being transferred from the state to the local Area Agency on Aging as mandated in the Older Californians Act of 1996. The Senior Information and Referral Program operates within the COA.

The COA has made a concerted effort to fund programs and services that target frail, low-income and the cultural/racial/ethnic minority groups of elders in the city (including elderly lesbians and gays). There has been a conscious attempt to support bilingual/bi-cultural services which can reduce access and barriers to services.

Commission on the Aging

PROFESSIONAL SERVICES CONTRACTORS
FY 1997-98

Asian Law Caucus
Bayview Hunters Point Multipurpose Senior Center
Bayview Network for Elders
Bernal Heights Neighborhood Center
Catholic Charities of S.F.
Centro Latino of S.F., Inc.
Church of the Advent
Episcopal Community Services
Family Service Agency of San Francisco
Filipino-American Council of San Francisco
Golden Gate Senior Services
Goldman Institute on Aging
Independent Housing Services
In-Home Supportive Services Consortium
Jewish Community Center of San Francisco
John King Senior Center
Kimochi, Inc.
Korean Center, Inc.
La Raza Centro Legal
Laguna Honda Hospital
Legal Assistance to the Elderly
Meals on Wheels of San Francisco
Mission Neighborhood Centers
New Leaf: Services for our Community
North of Market Senior Services
Northern California Presbyterian Homes and Services, Inc.
On Lok Senior Health Services
On Lok Day Services
Public Transportation Commission
Reality House West
Russian American Community Services
San Francisco Adult Day Health Network
San Francisco Food Bank
San Francisco Senior Center
Self-Help for the Elderly
The Salvation Army Senior Meals and Activities Program
Visitacion Valley Community Center
Western Addition Senior Citizens Service Center
YMCA of San Francisco

COA CONTRACTORS FUNDED FY 1997-1998

	AGENCY	PHONE	SERVICE PROGRAM	STAFF ASSIGNMENT
1.	Asian Law Caucus 720 Market St., Suite 500 San Francisco, CA 94102 Angelo Ancheta, Exec. Director Youn Kim, Program Developer	(415) 391-1655 FAX 391-0366	Legal Services	May Fujii Foo Program Analyst
2.	Bayview Hunters Point Multipurpose Senior Center 1706 Yosemite Avenue San Francisco, CA 94124 George Davis, Exec. Director Jessie Williams, Prog. Director	(415) 822-1444 FAX 822-5327	Community Services Meal Site	Richard Eijima Program Analyst
3.	Bayview Hunters Point Network for Elders 3450 Third Street, B-2A #200 San Francisco, CA 94124 Carol Newkirk, Exec. Director	(415) 647-5353 (415) 647-5904	Case Management	Richard Eijima Program Analyst
4.	Bernal Heights Neighborhood Center 515 Cortland Avenue San Francisco, CA 94110 Mauricio Vela, Center Director Vicki Victoria, Sr. Svcs. Director	(415) 648-0330 FAX 648-0793	Community Services Meal Site Case Management	May Fujii Foo Program Analyst
5.	Catholic Charities of S.F. 814 Mission Street, #300 San Francisco, CA 94103 David Lloyd, Chief Operating Officer	(415) 442-6849 (direct line) FAX 863-5430	Community Services Adult Social Day Care	Darrick Lam Program Analyst
6.	Centro Latino de S.F., Inc. 1656 - 15th Street San Francisco, CA 94103 Chuck Ayala, Board Chair Gloria Bonilla, Exec. Director	(415) 861-8758 FAX 861-4028	Congregate Meals Home-Delivered Meals Case Management Community Services	Betsy Eddy Program Analyst Linda Lau Nutritionist
7.	Church of the Advent 162 Hickory Street San Francisco, CA 94102 Warren Spare, Administrator	(415) 431-0454 FAX 431-3767	Congregate Meals	Linda Lau Nutritionist
8.	Episcopal Community Services 201 Eighth Street San Francisco, CA 94103 Barbara Solomon, Executive Director	(415) 863-3893 FAX 252-1743		Betsy Eddy Program Analyst
	Canon Kip Senior Center 705 Natoma Street San Francisco, CA 94103 Betty Crowder, Senior Center Director	(415) 861-6801 FAX 487-3795	Community Services Case Management Mealsite	

Service Provider- Contracts Funded FY 1997-98

	AGENCY	PHONE	SERVICE PROGRAM	STAFF ASSIGNMENT
9.	Family Service Agency of S. F. 1010 Gough Street San Francisco, CA 94109 Lonnie Hicks, Executive Director	(415) 474-7310 FAX 931-3773		May Fujii Foo Program Analyst
	Family Service Agency of S.F. 6221 Geary Boulevard, 3rd Floor San Francisco, CA 94121 Benson Nadell, Ombudsman Coordinator	(415) 751-9788 FAX 751-9789	Ombudsman	
	Family Service Agency of S.F. 6221 Geary Boulevard, 3rd Floor San Francisco, CA 94121 Robert Pementell, Director of Volunteer Programs	(415) 751-9786 FAX 751-9787	Foster Grandparents Senior Companions	
10.	Filipino-American Council of S.F. 3416 - 19th Street San Francisco, CA 94110 Alma Animo, Director	(415) 626-0773 FAX 241-9314	Congregate Meals Community Services	Betsy Eddy Program Analyst Stella Chu Nutritionist
11.	Golden Gate Senior Services 6221 Geary Boulevard, 3rd Floor San Francisco, CA 94121 Nicholas Lederer, Direct Services Coordinator	(415) 752-6444 FAX 752-6444	Community Services Meal Site	Darrick Lam Program Analyst
12.	Goldman Institute on Aging 3330 Geary Boulevard, 2nd Floor San Francisco, CA 94118 Nancy Brundy, Director of Aging Health Services	(415) 750-4180 FAX 750-4179		Darrick Lam Program Analyst
	Alzheimer's Day Care Resource Center 3600 Geary Boulevard San Francisco, CA 94118 Kim Peloso, ADCRC Director	(415) 750-5363 FAX 750-5323	Alzheimer's Day Care Resource Center	
	Center for Elderly Suicide Prevention/Friendship Line 3626 Geary Boulevard San Francisco, CA 94118 Patrick Arbore, Director Shauna Schwab, Geriatric Social Worker	(415) 750-5355 (415) 750-5346 FAX 750-4196	Community Services	
	Elder Abuse Prevention Program 3330 Geary Boulevard, 2nd Floor San Francisco, CA 94118 Lisa Nerenberg, Director of Elder Abuse Prevention Consortium	(415) 750-4188 FAX 750-4136	Elder Abuse Prevention	
	Linkages 3626 Geary Boulevard San Francisco, CA 94118 Anne Hinton, Director	(415) 750-4141 FAX 750-4196	Case Management	

Service Provider- Contracts Funded FY 1997-98

	AGENCY	PHONE	SERVICE PROGRAM	STAFF ASSIGNMENT
13.	In-Home Supportive Services Consortium 1370 Mission Street, 2nd Floor San Francisco, CA 94103 Margaret Baran, Exec. Director	(415) 255-2079 FAX 255-0679	In-Home Services	Darrick Lam Program Analyst
14.	Independent Housing Services 995 Market Street, Suite 408 San Francisco, CA 94103 Ron Bedford, Exec. Director	(415) 543-8286 FAX 543-4410	Housing	Betsy Eddy Program Analyst
15.	Jewish Community Center of S.F. 3200 California Street San Francisco, CA 94118 Zev Hymowitz, Chief Executive Officer Mattie Bloom, Director of Adult and Senior Services	(415) 346-6040 FAX 346-4556 (415) 292-1262 (Montefiore Senior Center) FAX 474-1612	Congregate meals Home-Delivered Meals	Betsy Eddy Program Analyst Stella Chu Nutritionist
16.	John W. King Senior Center 590 Leland Avenue San Francisco, CA 94134 John W. King, Exec. Director LaVergne Keppard, Program Director	(415) 239-6233 FAX 239-2262	Community Services Meal Site	May Fujii Foo Program Analyst
17.	Kimochi, Inc. 1684 Post Street San Francisco, CA 94115 Steve Nakajo, Exec. Director Anna Sawamura, Program Dir.	(415) 931-2294 FAX 239-2262	Congregate Meals Home-Delivered Meals Community Services Adult Social Day Care	Richard Eijima Program Analyst Linda Lau Nutritionist
18.	Korean Center, Inc. 1362 Post Street San Francisco, CA 94109 Youn-Cha Shin Chey, Executive Director Young Shim, Program Manager	(415) 441-1881 FAX 885-4155	Community Services Congregate Meals	Darrick Lam Program Analyst Stella Chu Nutritionist
19.	La Raza Centro Legal 474 Valencia Street, Suite 293 San Francisco, CA 94103 Victor Marquez, Exec. Director	(415) 575-3500 FAX 255-7593	Legal Services	May Fujii Foo Program Analyst
20.	Laguna Honda Hospital 375 Laguna Honda Blvd San Francisco, CA 94116 Linda Franco, Director of Nutrition Program	(415) 759-3360 FAX 759-3372	Congregate Meals	Betsy Eddy Program Analyst Linda Lau Nutritionist
21.	Legal Assistance to the Elderly 1453 Mission Street, 5th Floor San Francisco, CA 94103 Howard Levy, Exec. Director	(415) 861-4444 FAX 861-6458	Legal Services HICAP	May Fujii Foo Program Analyst
22.	Meals on Wheels of S.F. 1375 Fairfax Avenue San Francisco, CA 94124 Richard Lipner, Executive Director	(415) 920-1111 FAX 920-1110	Home-Delivered Congregate Meals At Post & Mason Community Services Case Management	Richard Eijima Program Analyst Linda Lau Nutritionist

Service Provider- Contracts Funded FY 1997-98

	AGENCY	PHONE	SERVICE PROGRAM	STAFF ASSIGNMENT
23.	Mission Neighborhood Centers 362 Capp Street San Francisco, CA 94110 Santiago Ruiz, Exec. Director	(415) 206-7747 FAX 647-6911	Community Services Meal Site	Betsy Eddy Program Analyst
24.	New Leaf: Services for our Community 1853 Market Street San Francisco, CA 94103 Joseph Neisen, Exec. Director	(415) 626-7000 FAX 626-5916	Community Services	Darrick Lam Program Analyst
25.	North of Market Senior Services 333 Turk Street San Francisco, CA 94102 George Friou, Exec. Director	(415) 885-2274 FAX 885-2344	Case Management Health Services Community Services Meal Site	Richard Eijima Program Analyst
26.	Northern California Presbyterian Homes and Services, Inc. 1525 Post Street San Francisco, CA 94109 Ramona Davies, Director of Community Services	(415) 922-0200 FAX 922-2338		Betsy Eddy Program Analyst
	RSVP (Retired Senior Volunteer Program) 1125 Quintara Street San Francisco, CA 94116 Maureen McGuinness, Director	(415) 731-3335 FAX 731-3337	Volunteer Placement	
27.	On Lok Day Services 1333 Bush Street San Francisco, CA 94109 Jennie Chin Hansen, Executive Director	(415) 292-8880 FAX 292-8745		May Fujii Foo Program Analyst Linda Lau Nutritionist
	Valorie Villela Senior Services Director 225 - 30th Street San Francisco, CA 94131	(415) 550-2210 FAX 648-3957	Congregate Meals Home-Delivered Meals Case Management Community Services	
28.	On Lok Senior Health Services 1333 Bush Street San Francisco, CA 94109 Jennie Chin Hansen, Executive Director Kate O'Malley, Director	(415) 292-8880 FAX 292-8745		May Fujii Foo Program Analyst
	Sandra Lew, Center Manager 225 - 30th Street San Francisco, CA 94131	(415) 550-2231 FAX 647-6332	Alzheimer's Day Care Resource Center	
29.	Public Transportation Commission MUNI Accessible Services Program 949 Presidio Avenue, Rm 2630 San Francisco, CA 94115 Annette Williams, Manager	(415) 923-6142 FAX 923-6325	Transportation	Darrick Lam Program Analyst
	Cerenio Management Group San Francisco Paratransit Broker 5 Freelon Street San Francisco, CA 94107 Virginia Cerenio, President	(415) 543-9627 FAX 543-1250		

Service Provider- Contracts Funded FY 1997-98

	AGENCY	PHONE	SERVICE PROGRAM	STAFF ASSIGNMENT
30.	Reality House West 380 Eddy Street San Francisco, CA 94102 Magali Echevarria, Hotel Dir.	(415) 673-7223 FAX 673-8617	Housing	Betsy Eddy Program Analyst
	Caritas Management Corporation 1358 Valencia Street San Francisco, CA 94110 Robert Boyd, Property Mgr	(415) 647-7191 FAX 648-3919		
31.	Russian American Community Services 300 Anza Street San Francisco, CA 94118 Nick Buick, Executive Director	(415) 387-5336 FAX 387-5357	Congregate Meals Community Services Home-Delivered Meals	May Fujii Foo Program Analyst Stella Chu Nutritionist
32.	The San Francisco Adult Day Health Network 50 California Street, Suite 200 San Francisco, CA 94111-4696 Lynne Perry, Executive Director Nina Washburne Administrative Coordinator	(415) 772-7370 FAX 982-7169 (director's office) (415) 772-7371 FAX 391-8302 (near Nina)	Adult Day Health Care	Darrick Lam Program Analyst
33.	San Francisco Food Bank 333 Illinois Street San Francisco, CA 94107 Paul Ash, Executive Director Deb Self, Program Manager Sean Brooks, Prog. Coordinator	(415) 957-1076 FAX 957-1896	Brown Bag	Stella Chu Nutritionist
34.	San Francisco Senior Center 890 Beach Street San Francisco, CA 94109 Bob Trevorrow, Exec. Director	(415) 775-1866 FAX 775-4020	Meal Site	Richard Eijima Program Analyst
	San Francisco Senior Center (Downtown) 481 O'Farrell Street San Francisco, CA 94102 Mary Alice Stevenson, Senior Center Director	(415) 771-7950 FAX 771-1135	Community Services Meal Site Case Management	
35.	Self-Help for the Elderly 407 Sansome Street San Francisco, CA 94111 Anni Chung, Exec. Director Helen Yuen, Director of Nutrition & Senior Centers	(415) 982-9171 FAX 296-0313	Congregate Meals Home-Delivered Meals Community Services Case Management In-Home Supportive Services	Betsy Eddy Program Analyst Stella Chu Nutritionist
	Self-Help for the Elderly Alzheimer's Day Care Resource Center 408 - 22nd Avenue San Francisco, CA 94121 Veronica Rodriquez, Director of Adult Day Services	(415) 666-1890 FAX 666-1899	Alzheimer's Day Care Resource Center	
36.	The Salvation Army Senior Meals and Activities Program 850 Harrison Street San Francisco, CA 94107 Evelyn Dexter, Project Director	(415) 777-5350 FAX 777-2831	Congregate Meals Home-Delivered Meals Case Management Community Services	Darrick Lam Program Analyst Linda Lau Nutritionist

Service Provider- Contracts Funded FY 1997-98

	AGENCY	PHONE	SERVICE PROGRAM	STAFF ASSIGNMENT
37.	Visitacion Valley Community Center 50 Raymond Avenue San Francisco, CA 94134 Julia Kavanagh, Exec. Director	(415) 467-6400 FAX 467-3757		May Fujii Foo Program Analyst
	Visitacion Valley Senior Center 66 Raymond Avenue San Francisco, CA 94134 Pat Crocker, Senior Center Director	(415) 467-4499	Community Services Meal Site	
38.	Western Addition Senior Citizens Service Center 1390-1/2 Turk Street San Francisco, CA 94115 Frederick Hubbard, Executive Director	(415) 921-7805 FAX 931-1993	Congregate Meals Home-Delivered Meals Community Services	May Fujii Foo Program Analyst Stella Chu Nutritionist
39.	YMCA of San Francisco 333 Eucalyptus Drive San Francisco, CA 94132 Shirley Barksdale Senior Director	(415) 759-9632 ext. 215 FAX 759-9630	Community Services Meal Site	Richard Eijima Program Analyst
40.	Richmond Senior Central #1 c/o Family Service Agency 6221 Geary Boulevard San Francisco, CA 94121 Joseph Samudio, Program Coordinator	(415) 387-2994 FAX 752-2815	Senior Central	Richard Eijima Program Analyst
41.	Western Addition/Marina Senior Central #2 Kimochi, Inc. 1684 Post Street San Francisco, CA 94115 Jeffery Sterman, Director	(415) 567-3900 FAX 561-1246	Senior Central	Richard Eijima Program Analyst
42.	Northeast Senior Central #3 Self-Help for the Elderly 407 Sansome Street San Francisco, CA 94111 Betty Fung, Program Coordinator	FAX 296-0313	Senior Central	Richard Eijima Program Analyst
43.	Central City/Potrero Hill Senior Central #4 c/o The Salvation Army Yerba Buena Corp. 360 - 4th Street San Francisco, CA 94107 Gemmie Jones, Director	(415) 777-3233 FAX 778-0692	Senior Central	Richard Eijima Program Analyst

In accordance with the CDA Management Information System (MIS) program definitions, the COA funds the following services with Title III and Title VII monies.

Program No. 1,2, 3 - In-Home Services (MIS Report 18): The COA funds Self-Help for the Elderly to provide emergency in-home services to elders who need immediate, temporary in-home services.

Program No. 4 - Home-Delivered Meals: Home-delivered meals are provided in all neighborhoods by nine different providers. Many of the meals are specific to the needs of the various ethnic populations in the city. Meals on Wheels (MOW) is the largest and oldest of the providers. MOW provides two meals per day to clients. MOW manages the Clearinghouse for Home-Delivered Meals, a coordinating system for all such programs in San Francisco.

Program No. 5 - Adult Day Health/Social Day Care: The COA funds the San Francisco Adult Day Health Network to provide adult day health service subsidies to low-income elders who are not eligible for Medi-Cal and cannot pay the sliding fee scale; some funds also provide administrative support to the Network. The COA funds two agencies, Kimochi Inc. and Catholic Charities, to provide adult day support.

Program No. 6 - Case Management: The COA funds eleven different Case Management programs. Providers target this service in specific neighborhoods. In addition, many senior centers offer components of Case Management services such as social service assistance to older persons.

Program No. 7 - Congregate Meals: The COA funds thirteen nutrition providers, who offer congregate meal programs at 63 sites at different locations in San Francisco. A number of the sites are open seven days a week. A variety of ethnic meals (including Chinese, Japanese, Korean, Filipino, African-American, Latino, Russian and Kosher) are provided.

Program No. 8 - Nutrition Counseling

Program No. 10 - Transportation: Paratransit Services through the Public Transportation Commission Muni Accessible Services Program serve all neighborhoods and provide wheelchair lift-van and group van transportation to disabled persons of all ages citywide.

Program No. 11 - Legal Services: The COA funds three agencies to provide legal services. Staff from these legal service organizations provide intake, advice and community education sessions to older persons.

Program No. 12 - Nutrition Education

Program No. 13 - Information and Assistance: This service is the visible focal point of contact for seniors of San Francisco and one of the major entry points into the network of services for the elderly in the city.

Program No. 16 - Community Services: The COA funds community-based organizations to provide social and health-related activities and services. These centers function as major entry points into the network of home and community-based long-term care services for the elderly in the city. In FY 1993-94, the COA made some reductions in this program area due to cuts in the general fund.

Program No. 17 - Elder Abuse Prevention: The COA funds provide administrative support to the Elder Abuse Prevention Consortium, a program under the Goldman Institute on Aging.

Program No. 18 - In-Home Services: The COA funds administrative support for the In-Home Support Services (IHSS) Consortium which provides in-home services through a network of community-based agencies.

Program No. 19 - Health Services: The COA funds one agency, North of Market Senior Services, to provide health screening primarily to seniors living in the Tenderloin area. In addition, many congregate nutrition sites and senior centers offer nutrition education sessions and preventive health screening activities such as blood pressure and cancer detection screening.

Program No. 20 - Housing: The COA funds two agencies to provide housing placement services (including transitional housing and counseling) throughout the city.

Program No. 21 - Senior Central: The COA provides funding for the implementation of one-stop neighborhood access programs which form a collaborative basis among service providers in senior central districts to coordinate outreach, information and referral, and service delivery.

Program No. 22 - Volunteer Placement: The COA provides funding to the Retired Senior Volunteer Program (RSVP) to provide volunteer placement services for older persons to perform volunteer work in community service organizations.

Program No. 24 - Ombudsman: The COA funds Family Service Agency to provide Ombudsman services for residents of skilled nursing facilities and residential care facilities in San Francisco. The Ombudsman Program staff and trained volunteers provide information, advocacy, and complaint resolution.

Program No. 25 - Naturalization: The COA provides funding within the above funded programs to assist individuals at-risk of losing SSI benefits to become naturalized.

Assistance provided includes Intake and Assessment; Information and Referral; N-400 Application; Preparation of Naturalization Application; ESL/Citizenship Classes; Legal Services; and Translation, Counseling and Support Services.

PROGRAMS TRANSFERRED FROM THE STATE

As of July 1, 1997, the COA will begin contract oversight of the following programs previously monitored by the California Department on Aging.

Alzheimer's Day Care Resource Center program provides specialized day care at three sites for individuals with Alzheimer's disease and related dementia; provides respite and support for their family members and caregivers; and delays unnecessary institutionalization of individuals afflicted with the disease.

Brown Bag program provides opportunities for sponsors and volunteers to distribute donated food to help meet the nutritional needs of low-income seniors.

Foster Grandparents program provides stipend volunteer community service opportunities to low-income seniors to mentor children with physical, developmental or behavioral needs.

HICAP program provides Medicare beneficiaries and soon to become beneficiaries with counseling and advocacy regarding Medicare, private health insurance, and related health care coverage plans.

Linkages program provides comprehensive and timely information, one-time only assistance in securing community services when necessary, and short-term specialized assistance and case management to frail or functionally-impaired adults age 18 and older in order to maximize independent living.

Respite program provides relief to caregivers of frail elders or functionally impaired adults; recruits and screens providers; and matches respite providers to clients.

Senior Companion program provides low-income older individuals stipend volunteer community service opportunities to assist the frail elderly and/or, physically, mentally or neurologically impaired adults. Senior companions cannot be assigned to individuals already receiving IHSS.

In addition to the COA, other city departments play a role in funding and supporting services for San Francisco's elderly population. These include the Department of Human Services (DHS), Department of Public Health (DPH), Housing Authority and Mayor's Office of Housing, Public Administrator/Guardian/County Veteran Service Office, Department of Recreation and Parks, Muni/Paratransit, etc. Senior programs funded by these departments are described below.

Department of Human Services (DHS)

The Adult Services Program, within the Department of Human Services (DHS), administers the In-Home Support Services (IHSS) Program and Adult Protective Services. DHS also administers the State Medi-Cal program for San Francisco low-income residents.

For the provision of IHSS, in addition to independent providers hired by the client, DHS contracts with a private for-profit organization (Addus) and a coalition of community-based nonprofit organizations (IHSS Consortium) to provide in-home supportive services to frail elders and functionally impaired individuals. These services include homemaker/chore and personal care services (meal preparation, cleaning, and personal grooming).

The Department of Human Services (DHS) contracts with the IHSS Consortium to provide case management and trained in-home workers who reflect the language and culture of the client. The approach is a new model of service which has been found to be an effective means to better serve populations that have linguistic and cultural barriers to service. The participating Consortium agencies are: Kimochi, Inc., Western Addition Senior Citizen's Services Center, Bayview Hunters Point Multipurpose Senior Center, Mission Neighborhood Centers, Jewish Family and Childrens Services, Self-Help for the Elderly, and North of Market Senior Services.

Adult Protective Services (APS) assists elderly and dependent adults in physical, emotional or financial abuse situations. The San Francisco Consortium for Elder Abuse Prevention, a coordinated service network of 75 agencies, may also consult with APS and provide services to cases shared in common. Furthermore, the Consortium provides back-up, training, technical assistance and support to agencies in the city so that they may serve their own clients who have been abused.

Due to the impact of Welfare Reform Legislation, the DHS has undertaken a planning process to restructure its services. Two major units are planned for the department: Adult Long-Term Care Services and Self-Sufficiency/Employment Services. DHS hired a San Francisco Naturalization Project Coordinator in March 1997 to coordinate the efforts of DHS and other City departments with community-based organizations to assist Legal Permanent Residents (LPRs) to become citizens. Other components of the reorganization which will involve services to older persons will take effect during FY 1997-98.

In-Home Supportive Services Public Authority

In 1993, the State passed legislation authorizing counties to create Public Authorities for the purpose of improving IHSS service delivery. All of the established Public Authorities are in the Bay Area: San Francisco, San Mateo, and Alameda Counties. Santa Clara County has recently passed an ordinance to create a Public Authority. In May 1995, the San Francisco Board of Supervisors passed the ordinance which created this public

agency which is managed by its own governing body. The IHSS Public Authority governing body first met in October 1995. After hiring staff and locating office space, services began in September 1996.

The IHSS Public Authority:

1. Administers the independent provider mode of service delivery at the County level.

2. Serves as the "employer of record" for IHSS independent providers for the purpose of collective bargaining.

3. Operates a Central Registry which assists IHSS consumers in hiring a home care worker by screening IHSS workers and listing information about workers, including their qualifications, language skills and availability. The Central Registry also assists IHSS workers by providing information about job availability, and helping IHSS workers to piece together full-time employment from disparate job sites. IHSS consumers retain the right to choose their own workers.

4. Through the use of the Central Registry, provides training, advocacy, and other support services to IHSS workers and consumers.

The IHSS Public Authority has an eleven-member board, a majority of whom represent consumers of personal assistance services. Members include one home care worker; one Commissioner each from the Human Services, Health, and Aging Commissions; and one member from the Mayor's Disability Council. The IHSS Public Authority is funded with federal, state and local funds.

The San Francisco Board of Supervisors Long-Term Care Task Force

In order to create a planning structure for Long-Term Care Services in the City, the San Francisco Board of Supervisors established the Long-Term Care Task Force by resolution in December of 1996. The Department of Public Health will be the lead agency for the twenty-seven member Task Force which will be composed of representatives from City departments, community-based organizations, and long-term care consumers. Committee members will be appointed by April 1997. The first task will be to develop a Request for Proposal to the State of California to be a pilot project for integration and coordination of long-term care services in the City and County. The Task Force will continue planning for an integrated Long-Term Care Plan for San Francisco.

The Commission on the Aging took a leadership role in establishing the foundation for the Task Force through coordination with the COA Advisory Council Health/Ad Hoc Long-Term

Care Planning Committee and the Health Committee of Planning for Elders in the Central City. The COA will be an integral component in the creation of the San Francisco Long-Term Care Plan.

Department of Public Health (DPH)

The Department of Public Health (DPH) provides health and health-related services to seniors throughout the city. The total DPH budget is $740 million.

Services are provided to seniors within the Department's two divisions: the Community Health Network (CHN) and Public Health (PH). The CHN provides a continuum of personal health care services such as primary health care, specialty care, acute care, emergency services, forensic services, skilled nursing care, adult day health care, in-home health care and hospice services. PH provides population-based services including population health status assessment, planning and advocacy, public health nursing, health and mental health promotion, education and outreach services, community-based prevention programs, environmental health services, occupational health services, and communicable disease surveillance and treatment. In addition, PH is responsible for purchasing mental health and substance abuse services for seniors through community-based organizations.

Seniors are served in all of the programs of the DPH as reflected above. In addition, the DPH offers certain programs which target the special needs of seniors. These include North of Market Senior Services, North and South of Market Adult Day Health Care, Senior Alcohol and Drug Treatment Program, Preventive Health Care for the Aging, Breast and Cervical Cancer Control Program (BCCCP), Community Injury Prevention Program for Seniors (CHIPPS), OMI Wellness Center, "Health at Home" (home health agency services) and Geriatric Mental Health Services.

The Department manages Laguna Honda Hospital, the largest acute care skilled nursing facility in the country with approximately 1,200 beds. Laguna Honda Hospital operates an adult day care center, an Alzheimer's day care resource program, a congregate meal program, hospice care and pastoral care.

The Department of Public Health has been appointed to lead the City's effort in designing a comprehensive long-term care plan for San Francisco residents. The Board of Supervisors Long-Term Care Task Force will create a plan that will provide an opportunity to develop a delivery system which allows long-term care consumers to remain in their communities, prevents unnecessary utilization of acute care hospitals, and promotes greater efficiencies.

Housing Authority and Mayor's Office of Housing

The San Francisco Housing Authority serves low-income residents by providing affordable housing. The Housing Authority manages more than 6,200 units of conventional public housing in San Francisco, 2,000 of which are designated senior housing units. Approximately 2,500 of the 30,000 residents who occupy public housing units are seniors. The average annual income of a Housing Authority family is $10,000. The Housing Authority derives its revenues from rents, federal grants and subsidies. The operating budget of the Housing Authority is approximately $35 million.

There are 22 senior buildings. A senior consumer who applies for a housing unit faces a wait of four years or more. In recent years, the Housing Authority has focused on providing tighter security for residents, providing improved maintenance programs, and assisting in the organization of active tenants' associations.

The Mayor's Office of Housing administers funding programs for housing and housing development. The three major programs that the Mayor's Office offers for low-income seniors include:

Affordable Rental Housing Units:

> The Mayor's Office provides funds for nonprofit housing development corporations to develop senior housing projects. Funds are derived from a combination of revenue streams including Federal Section 202, City General Revenue funds, and low-income tax credits from developers.

Citywide Rehabilitation Programs for Low-Income Seniors:

> This program is a block grant concept whereby loans are provided up to $40,000 for housing code upgrades to low-income senior and disabled owner occupied homeowners in target area and citywide.

Code Enforcement and Rehabilitation Fund (CERF) Program:

> This program provides grants up to $7,500 for minimal emergency repairs citywide to low-income owner occupied homeowners.

Public Administrator/Guardian/County Veteran Service Office

The Public Administrator division probates the estates of residents who die intestate or without available family members. The County Veterans Services Office provides benefit counseling services to all county veterans, dependents and survivors.

The Public Guardian serves as probate conservator of person and/or estate for geriatric and developmentally disabled adult residents of San Francisco. Priority is given to seniors in the community at-risk of financial or physical abuse. The Public Guardian Representative Payee Division serves mentally ill residents in locked psychiatric facilities and community resident adults who have mental health case managers.

Recreation and Park Department

The Recreation and Park Department funds two senior centers - Golden Gate Park and Rosa Parks Senior Centers to provide recreational activities. In addition, the Department coordinates 20 weekly senior groups at recreation centers throughout the city and sponsors major events for seniors.

Muni/Paratransit

Muni's Accessible Services Program oversees fixed-route and paratransit services for San Francisco. Paratransit services are available for persons unable to access fixed route services. Paratransit services include lift-van for individual trips by wheelchair users, group van for ten or more persons transported to a common site, taxi scripts for ambulatory individuals and ramped taxi service. These services are disability-based, not based on age alone. Funding for the Paratransit Broker is provided by the Public Transportation Commission, SF Transportation Authority and the Commission on the Aging. The Commission on the Aging funds group van services to senior meal sites, shopping trips and recreation and individual trips for medical and other purposes.

Police Department

The San Francisco Police Department sponsors the Senior Escort Program. This program provides personal and group escorts to medical appointments, etc., in addition to information and referral.

Other Institutional and Community-Based Services

Other important institutional and community-based services providing an array of services to elders in the city include:

> ***Hospitals***: There are eighteen acute care general hospitals in San Francisco. The majority of hospitals in the city are involved in providing services for the elderly.
>
> ***Nursing Homes***: There are twenty-eight skilled nursing facilities and hospitals with SNF beds in the city. There are 3,438 skilled nursing beds in San Francisco.

Home Health Agencies: There are thirty-three agencies that provide home health care, homemaker chore or home health aide services.

Residential Care Facilities for the Elderly: There are 127 licensed residential care facilities for the elderly in San Francisco. These facilities have a total of 2,233 beds.

Case Management: Twenty-one geriatric case management programs facilitate access to and the coordination of services for frail elders in San Francisco.

Adult Day Health Care Centers: Ten adult day health care centers are strategically located throughout the city, making San Francisco the first in the country to have a citywide adult day health care network. The centers are responsive to the diverse ethnic and language requirements of participants in each neighborhood. Two Programs of All-inclusive Care for the Elderly (PACE), projects modeled after the On Lok model, were started in FY 1996-97.

One of the **model programs** for long-term care services in the city is *On Lok*. This program provides the full range of needed health and social services for its participants on an at-risk capitated basis. It is a "one-door" entry program to long-term care services.

Alzheimer's Programs: There are three Alzheimer's Day Care Resource Centers in the city. These are operated via the Goldman Institute on Aging, On Lok Senior Health Services and Self-Help for the Elderly. St. Mary's Hospital offers a Saturday Alzheimer's Respite program. There are also several Alzheimer's related support groups operating through various organizations and associations throughout the city.

Respite Services: Some community-based organizations, skilled nursing facilities, hospitals, adult day health centers, residential care facilities and home health agencies in the city offer respite care.

Senior Centers: There are 122 senior centers and clubs that provide social/recreational/educational programs throughout the city.

Adult Social Day Care Programs: There are ten agencies providing social day care services for seniors.

San Francisco is also the site of many *state demonstration projects* designed to provide community-based long-term care services to the elderly. These include the Multipurpose Senior Services Program (MSSP), Linkages, the Health Insurance Counseling and Advocacy Program (HICAP), Independent Living Resource Center and the Family Caregiver Alliance (sponsoring agency of the Caregiver Resource Center).

San Francisco has several major study and educational institutions that further gerontological studies. These include the University of California, San Francisco Institute for Health & Aging (an academic research center studying public policy and issues affecting health care and aging); the Goldman Institute on Aging; and the San Francisco State University Gerontology Program. In the Spring of 1997, a conference was held to promote an Aging Campus in the Bayview Hunters Point district for the purpose of study of the full spectrum of long-term care services for African-American older persons.

It is critical to highlight the work of the Coalition of Agencies Serving the Elderly (CASE) and the Senior Action Network (SAN). CASE is composed of 100 agency and individual members. In addition to the more nationally known advocacy groups that exist in San Francisco (Gray Panthers, Older Women's League), CASE plays a central role in advocating for San Francisco's elderly and has been instrumental in creating community-based organizations that target elder issues (e.g. Elder Abuse Consortium).

Senior Action Network (SAN) is a citywide coalition with a membership of 750 individuals and 122 organizations representing 27,000 persons. It seeks to mobilize seniors on issues affecting their quality of life, including health care, crime prevention, and transportation. SAN recruits and offers training and skills to seniors so they can better effectuate their goals. SAN is sponsored by the Bay Area Independent Elders Program which is a collaborative effort of four Bay Area Foundations with the goal of developing systems of community-based care for impaired and frail elders in San Francisco and the larger Bay Area.

In San Francisco, numerous coalitions and consortiums function to bring service providers together for the purpose of program planning, service provision, advocacy, and education. Included among them are CASE, the Consortium for Elder Abuse Prevention, Clearinghouse for Home-Delivered Meals, San Francisco Adult Day Health Network, IHSS Consortium, Paratransit Coordinating Council, and the Bay Area Emergency Preparedness Coalition for Seniors and People with Disabilities. Coalitions in the aging network in San Francisco are considered to be the "social norm."

Job training for older persons 55 years of age and older is supported by two programs entitled Senior Community Service Employment Programs (SCSEP) which receive funding from the US Department of Labor (DOL). The National Council on Aging (NCOA) provides numerous placements in nonprofit organizations for job trainees. Self-Help for the Elderly provides numerous placements in agencies that target services for Asian/Pacific Islander populations. Both programs offer temporary job training placements which provide the opportunity to learn new skills and update current skills.

Area Agencies on Aging and the SCSEPs have received the mandate from the State that they must be included as partners in developing the local One-Stop Career Center System funded by the DOL. The purpose of the one-stop shops is to integrate education,

employment, and training so that people in need of career services and employers have better access to appropriate information. The State mandate requires that the COA approve the local One-Stop Career Center System to ensure that the employment related needs of older persons are met.

The COA is represented on the California Task Force for the Employment of Older Workers. The committees of the Task Force meet monthly for the purposes of coordination and advocacy for employment issues for persons 40 years of age and older.

Description of the Area Agency on Aging

The San Francisco Commission on the Aging (COA), a city/county department, is the designated Area Agency on Aging in San Francisco. The COA acts as a contracting agency, having formal arrangements with thirty-seven community-based nonprofit and two public agencies to provide direct services to San Francisco residents age 60 and over. Beginning July 1, 1997 seven state administered programs will be transferred to the COA.

The COA operates the Senior Information and Referral Program, which provides 24-hour telephone information about referral and assistance in accessing all senior resources, and offers educational, consumer and health promotion services.

The 1997-98 COA budget will include approximately $17 million dollars from parking tax, direct federal and state grants, city revenue transfers and the general fund.

The COA is staffed by twenty-one full-time equivalent employees. (See attached organizational chart). David Ishida is the Executive Director. Program staff, including the Program Manager and five Program Analysts (Specialists in Aging) and two Nutritionists, provide technical assistance and monitoring of COA contract agencies in an effort to establish support and maintain the effective and efficient delivery of services to elders in San Francisco. Fiscal staff, including the Chief Fiscal Officer, one Senior Accountant and two Accountants, are responsible for the accounting and management of federal, state and local funds allocated to COA contract agencies in addition to administering fiscal affairs within the office. COA Support staff consists of two Senior Clerk-Typists and one Commission Secretary who provide administrative support to all components of the COA. Four I&R Specialists provide information and referral to the wide variety of agencies and programs in San Francisco, oversee the Gold Card Discount Program, issue MUNI ID cards and provide a variety of health promotion activities. In March 1996, an MIS Specialist was hired to create a client database system.

Seven Commissioners are appointed by the Mayor to set policy and make decisions for the agency. The Commissioners are Raymond del Portillo, Ed.D., President; Bernard Crotty, Vice-President; Julia Campbell; Pat Durham; Mary O'Connor; and Veneracion Zamora. (one vacancy exists as of May 1997)

Committees of the Commission include:

- Finance
- Legislative
- Personnel
- System Coordination

The Advisory Council, composed of twenty-two members, works closely with the community and advises the Commission. The Advisory Council members include: John Horak, President; Frank Yee, 1st Vice President; Arthur Hurwith, 2nd Vice President; Donna Calame, Wende Chan, Anna Chun, Florence Edelman, Alexandra Glazunova, Vera Haile, E. La Vergne Keppard, John King, Lena Leong, Marian Levy, Ernestine McGoldrick, Jean McLean, Reeva Olson and Veronica Rodriguez. The council has five vacant slots at present.

Committees of the Advisory Council include:

- Health/Ad Hoc Long-Term Care Planning Committee
- Legislative Committee/TACC/CSL
- COA/CASE Media Relations Committee
- Site Visits Committee
- Nominating Committee

Elected members of the California Senior Legislature (Senior Senator Ernest (Chuck) Ayala, Senior Assembly persons Florence Edelman and Frank Yee) work closely with the Advisory Council and community to develop legislation and advocate on behalf of the needs of seniors.

The Commission meets on the first Wednesday of every month at 9:30 a.m.. Due to seismic retrofitting of the regular meeting space at the Department of Public Health, 101 Grove Street, Room 300, the Commission will meet at an accessible, conveniently located space starting August 6, 1997 for a minimum of two years. The Advisory Council meets the third Wednesday of every month at 9:30 a.m., at 25 Van Ness in the Human Rights Commission Conference Room, 8th floor.

The COA provides visible leadership in the development of the community-based system of care. This is evidenced by the COA being appointed the lead agency for the Board of Supervisors Senior Services Plan Task Force, initiating the former Advisory Council Long-Term Care Committee, as well as active participation in the Adult Day Health Care Network, In-Home Support Services Consortium, CASE, and California Task Force for the Employment of Older Workers.

Mission Statement

The core mission of all area agencies on aging in the state is:

- To provide leadership at the local level in developing systems of home and community-based services that maintain individuals in their own homes or least restrictive home-like environments. In particular, emphasis shall be placed on coordinating with local systems to enable individuals to live out their lives with maximum independence and dignity in their own homes and communities through the development of comprehensive and coordinated systems of home and community-based care.

In the City and County of San Francisco, the Commission on the Aging is a single agency within the government which is specifically charged with coordinating and supporting services for the elderly. The Commission operates with federal, state and City and County funds to coordinate a "Community-Based System of Care" (CBSC), as defined by federal and state authorities:

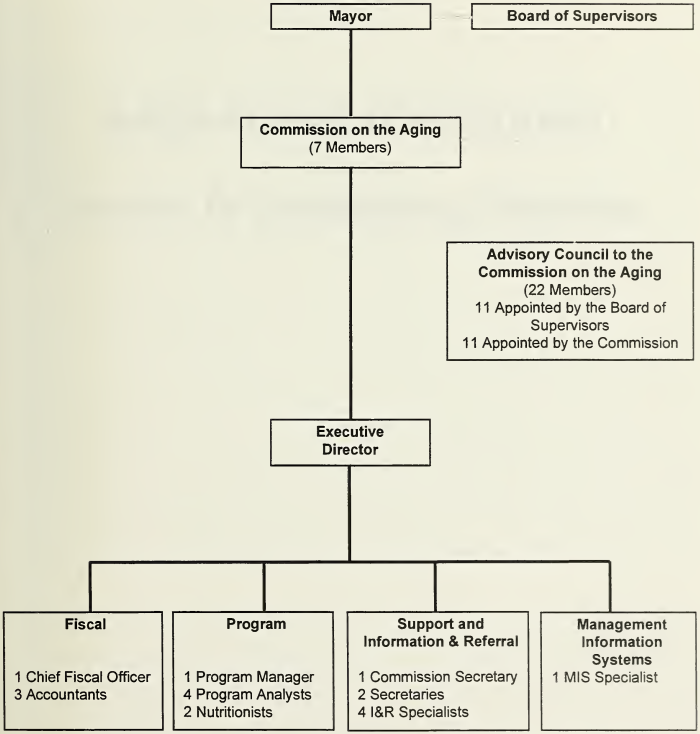
- To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services, through the provision of traditional Older Americans Act Services, or "Basic Services," as an entry point into the CBSC, and through the development of "Community-Based Long-Term Care Services."

- To plan for and coordinate a continuum of community based and in-home care for the vulnerable elderly, thereby avoiding premature or inappropriate institutionalization, through the development of a "Community-Based Long-Term Care System."

- To increase participation in programs by the minority, low-income, and frail populations of San Francisco.

- To advocate for policies which promote the CBSC.

City and County of San Francisco



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Part One

AREA PLAN BACKGROUND

Section B: Establishing Priorities

PART ONE: AREA PLAN BACKGROUND
Section B: Establishing Priorities

PUBLIC INPUT AND THE PLANNING PROCESS

The Commission on the Aging (COA) has followed an issue oriented approach to consumer-driven planning. Considerable public input and planning efforts are accomplished in the context of major issues. Output examples of comprehensive planning include the Senior Services Plan 1994 - 2000, the Systems Coordination Committee, the district planning councils for the ten senior central districts, the San Francisco Naturalization Project, the COA Five Year Priorities Plan, the Case Management Work Group, the Nutrition Work Group, the Transportation Work Group, the development work for the Board of Supervisors Long-Term Care Task Force, and the COA Draft Management Information Systems Plan. Though the findings of the Senior Services Plan have given direction to all planning conducted by this area agency on aging, the COA recognizes the need to conduct planning in a process that will integrate more formally all planning efforts.

Within the context of issue oriented planning, the COA attempts to include individual senior consumers, and public and private service providers that are the major providers or policy makers for services involved in the issue. Recognizing that consumer involvement in planning is a central concept for good planning, the COA emphasizes that senior consumers are included in most planning bodies. Senior consumers have served on the groups that have developed the Senior Services Plan, the Board of Supervisors Long-Term Care Task Force, and the COA Draft MIS Plan. Senior consumers are an integral part of the monthly meetings of the Systems Coordination Committee that continues to provide direction for the implementation of the Senior Services Plan and senior central development. Each senior central area has a district coordinating council composed of senior consumers, senior service providers, senior central staff members, merchants, representatives from religious institutions, and representatives from health care providers, and all who have a role in increasing outreach and improving service coordination within a district.

Four of the ten proposed senior centrals are in operation. Two more are scheduled for implementation in the Fall of 1997. All senior central districts have planning councils meeting on a monthly basis. (Senior Central #9 and Senior Central #10 have combined planning efforts.) Planning at the district level provides a relevant and immediate context for needed changes in the service delivery system. Local district planning ensures coordinated outreach efforts and coordination of service delivery so that each participating organization knows what services are offered by each agency so that appropriate referral and follow-up is provided. Outreach efforts have been conducted by all of the senior central districts. Information distributed and public service announcements are prepared in the major languages spoken in the districts. These multilingual/multicultural efforts target low-income minority individuals, and most recently, seniors who are legal permanent residents (LPRs) at-risk of losing SSI benefits beginning August 1, 1997.

The Senior Services Plan 1994-2000 is serving as the major blueprint for planning for the COA. The needs assessment part of the plan was derived from community meetings in five neighborhoods in San Francisco. More than 630 individuals, the majority of whom were senior consumers, attended these meetings. (see description of meetings on page 40) This same needs assessment and prioritization strategy, with it consumer-driven focus, will be used to gather information from senior consumers and service providers during FY 1997-98 in order to update the COA Area Plan 1997 - 2001 for FY 1998-99. The Regional Strategic Assessment for Older Adults will provide the framework for this process.

Needs Assessment Plan for FY 1996-97 and FY 1997-98

Regional Strategic Assessment for Older Adults

During FY 1996-97 the COA agreed to participate in a collaborative assessment project called the Regional Strategic Assessment for Older Adults with the following Area Agencies on Aging: Alameda County Department on Aging, Contra Costa County Office on Aging, Council on Aging of Santa Clara County, Inc. and the San Mateo County Area Agency on Aging. The assessment is being conducted by Alan Pardini and Associates. The assessment will derive strategic goals from a community process involving older adults and all components in the traditional and less traditional aging services network. The assessment will view older adults as the integral resource to resolve problems rather than as a population with needs deficiencies.

Phase 1 of the Regional Strategic Assessment for Older Adult will involve the uniform collection of basic demographic data on older adults in order to produce a profile of the older adult population in each participating county and to produce a uniform comparison among counties. An analysis of this data will be completed in June of 1997. This data will be included in the FY 1998-99 Area Plan Update.

The COA Advisory Council and the senior central district planning councils in each senior central district will convene Town Hall meetings which will function as strategic assessment sessions during FY 1997-98 to determine needs, priorities, goals, implementation plans, and community-based assets for goal implementation. Announcements of the meetings will be well publicized. Translation devices will be available for non-English speaking senior consumers in order to encourage participation by the many diverse ethnic groups in San Francisco. Service providers will be encouraged to provide transportation for senior consumers, particularly for older persons with disabilities who must rely on paratransit services.

Another component of the regional assessment will be a random telephone survey of residents in each participating county. Analysis of the survey results will be available by January 1998.

A report including the analysis of demographic data, analysis of survey results, and findings from the Town Hall meetings will be published and widely distributed to senior

consumers, service providers, and policy makers for discussions for setting priorities and updating Area Plan goals and objectives. The report will serve as a statement of needs which will provide a solid basis for requesting the continuation of, and increased funding from the federal, state and local sources.

Building Food/Meal Capacity in San Francisco Survey

The Hunger Work Group, a subcommittee of Building a Healthier San Francisco, was convened during FY 1996-97 to develop plans for addressing food and hunger needs of San Franciscans. After Welfare Reform legislation was passed, a priority concern became planning for assistance to the Legal Permanent Residents (LPRs) who are at-risk of losing SSI benefits and Food Stamps.

With the loss of Supplemental Security Income (SSI) and Food Stamps, it is anticipated that there will be increased hunger and an increased demand for food and nutrition programs soon after August 1, 1997. In San Francisco, the monthly income of seniors losing SSI will drop from approximately $650 to $345 in General Assistance benefits. The COA developed a needs assessment survey entitled Building Food/Meal Capacity in San Francisco Survey and distributed it to COA contractors and Hunger Work Group participants in March 1997. An analysis of survey results will be used as a basis to develop grant proposals to foundations and other funding sources to procure additional food supplies and meal programs for the target groups of seniors and disabled persons who will lose SSI and Food Stamps.

Welfare Reform Implementation and Immigrant Communities Needs Assessment

Another important needs assessment conducted in February 1997 was the Welfare Reform Implementation and Immigrant Communities Needs Assessment which was developed and distributed to community-based organizations by the Northern California Coalition for Immigrant Rights. Needs collected from this survey will help to shape the future goals of the San Francisco Naturalization Project.

In addition the Newcomer Information Clearinghouse published the 200 page booklet entitled the *San Francisco Profile of Immigrants and Refugees, a Research Tool for Welfare Reform, Job Readiness, and Self-Sufficiency*. The detailed information collected in this report will provide a basic planning tool for future services for immigrant populations. (see page 39 for a complete description)

NEEDS ASSESSMENT, TARGETING AND IDENTIFICATION OF PRIORITIES

Impact of Welfare Reform Legislation

Even before the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was signed into law by President Clinton on August 22, 1996, the Commission on the Aging began planning to alleviate the impact of Welfare Reform which has adversely affected large numbers of San Francisco seniors and people with disabilities. This issue quickly became the first priority of the COA and will remain as such until all efforts to provide assistance to seniors and people with disabilities, who will not be able to recover quality of life after losing essential government benefits, have been explored.

The COA took a leadership role to establish a collaborative process with City departments, immigrant rights agencies, legal service organizations, and community-based organizations. This collaboration became known as the San Francisco Naturalization Project and augmented the work of the Immigration Committee of the Welfare Reform Task Force, created by San Francisco Mayor Willie L. Brown, Jr.

Immigrants have had a profound effect on the growth, development, and character of the City and County of San Francisco. San Francisco has benefitted greatly from the hard work, creativity and financial support of our diverse immigrant communities. According to the 1990 Census, approximately 20% or 142,260 of the total population is comprised of non-citizen immigrants. The enactment of Welfare Reform dramatically and negatively changed the status and settled expectations of hundreds of thousands of legal permanent residents (LPRs) throughout our country. For the first time in recent history, LPRs are being denied access to many of the public benefits which they have subsidized and continue to subsidize through payment of taxes. Beginning January 1, 1997, and extending to August 22, 1997, many of the most vulnerable members of our community are at-risk for losing essential entitlements such as Supplemental Security Income (SSI), Medi-Cal and Food Stamps provided to the elderly and disabled. The Welfare legislation also provides states with the option to further restrict the services provided to LPRs.

The COA estimates that 9,000 of the consumers that receive COA-funded services are LPRs. The Department of Human Services estimates that 7,500 to 8,500 of the 15,000 to 17,000 LPRs who reside in San Francisco as of March 1997 will lose their SSI benefits. It is estimated that about 4,000 will lose food stamp benefits. Furthermore, the majority of these adversely affected in San Francisco are seniors aged 65 and over and people of color. Two charts are attached that present a view of the number of LPRs in San Francisco by ethnic group and by neighborhood/country of origin. LPRs of Asian descent are the largest ethnic group affected. 13,046 Asian/Pacific Islanders or 66.57% are LPRs.

No. of LPRs Receiving SSI in San Francisco (By Ethnic Group/By Date pf Entry)

	Asian/Pacific Islanders		European		Hispanic		Middle Eastern		Russian		Others		Grand Total	
Entry Date	#	% of Total LPR on SSI in SF	#	% of Total LPR on SSI in SF	#	% of Total LPR on SSI in SF	#	% of Total LPR on SSI in SF	#	% of Total LPR on SSI in SF	#	% of Total LPR on SSI in SF	#	% of Total LPR on SSI in SF
Before 1975	1,538	7.85%	24	0.12%	792	4.04%	45	0.23%	22	0.11%	875	4.47%	3,296	16.82%
1976-1980	2,503	12.77%	10	0.05%	436	2.22%	54	0.28%	112	0.57%	899	4.59%	4,014	20.48%
1981-1985	3,904	19.92%	2	0.01%	486	2.48%	71	0.36%	32	0.16%	206	1.05%	4,701	23.99%
1985-1990	4,283	21.86%	3	0.02%	854	4.36%	88	0.45%	74	0.38%	252	1.29%	5,554	28.34%
1990-Present	818	4.17%	0	0.00%	79	0.40%	19	0.10%	86	0.44%	108	0.55%	1,110	5.66%
Unknown Date	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	921	4.70%	921	4.70%
Total	13,046	66.57%	39	0.20%	2,647	13.51%	277	1.41%	326	1.66%	3,261	16.64%	19,597	100.00%

Area Plan

No. of LPRs Receiving SSI in San Francisco (By Country of Origin/By Neighborhood)

		Asian/Pacific Islanders					Latino				Russian	Others		
Neighborhood	Zip Code	China	Hong Kong	Korea	Phillipines	Vietnam	Cuba	El Salvador	Mexico	Nicaragua	Soviet Republic	Unknown Country	Other Countries	TOTAL
Tenderloin	94102	263	16	77	147	91	32	24	23	6	29	127	194	1,029
		25.56%	1.55%	7.48%	14.29%	8.84%	3.11%	2.33%	2.24%	0.58%	2.82%	12.34%	18.85%	100.00%
S. of Market	94103	286	16	25	254	25	25	74	40	34	24	145	117	1,065
		26.85%	1.50%	2.35%	23.85%	2.35%	2.35%	6.95%	3.76%	3.19%	2.25%	13.62%	10.99%	100.00%
Potrero Hill	94107	220	11	0	107	12	2	8	9	1	7	63	38	478
		46.03%	2.30%	0.00%	22.38%	2.51%	0.42%	1.67%	1.88%	0.21%	1.46%	13.18%	7.95%	100.00%
Chinatown	94108	962	37	6	9	36	6	1	1	0	1	89	40	1,188
		80.98%	3.11%	0.51%	0.76%	3.03%	0.51%	0.08%	0.08%	0.00%	0.08%	7.49%	3.37%	100.00%
Polk Gulch/Russian Hill	94109	664	26	70	55	119	12	14	11	4	44	143	204	1,366
		48.61%	1.90%	5.12%	4.03%	8.71%	0.88%	1.02%	0.81%	0.29%	3.22%	10.47%	14.93%	100.00%
Mission	94110	144	3	7	254	47	59	418	246	199	13	305	264	1,959
		7.35%	0.15%	0.36%	12.97%	2.40%	3.01%	21.34%	12.56%	10.16%	0.66%	15.57%	13.48%	100.00%
Telegraph Hill	94111	113	3	0	3	2	0	0	0	0	0	12	13	146
		77.40%	2.05%	0.00%	2.05%	1.37%	0.00%	0.00%	0.00%	0.00%	0.00%	8.22%	8.90%	100.00%
Ingleside/Excelsior	94112	627	19	13	663	81	13	221	114	172	10	209	166	2,308
		27.17%	0.82%	0.56%	28.73%	3.51%	0.56%	9.58%	4.94%	7.45%	0.43%	9.06%	7.19%	100.00%
Eureka Valley	94114	23	1	2	16	2	9	32	10	14	4	44	45	202
		11.39%	900.00%	0.99%	7.92%	0.99%	4.46%	15.84%	4.95%	6.93%	1.98%	21.78%	22.28%	100.00%
Western Addition	94115	105	9	174	27	22	6	16	5	6	40	80	93	583
		18.01%	2300.00%	29.85%	4.63%	3.77%	1.03%	2.74%	0.86%	1.03%	6.86%	13.72%	15.95%	100.00%
Parkside	94116	624	23	38	75	87	5	11	8	13	30	129	170	1,213
		51.44%	500.00%	3.13%	6.18%	7.17%	0.41%	0.91%	0.66%	1.07%	2.47%	10.63%	14.01%	100.00%
Haight/Lower W. Addition	94117	48	5	4	21	14	3	7	24	6	25	58	91	306
		15.69%	1.63%	1.31%	6.86%	4.58%	0.98%	2.29%	7.84%	1.96%	8.17%	18.95%	29.74%	100.00%
Inner Richmond	94118	356	14	39	21	69	1	1	2	1	40	88	84	716
		49.72%	1.96%	5.45%	2.93%	9.64%	0.14%	0.14%	0.28%	0.14%	5.59%	12.29%	11.73%	100.00%
Outer Richmond	94121	452	11	48	31	76	2	2	1	2	73	107	80	885
		51.07%	1.24%	5.42%	3.50%	8.59%	0.23%	0.23%	0.11%	0.23%	8.25%	12.09%	9.04%	100.00%
Sunset	94122	603	26	33	88	106	8	15	3	5	39	111	136	1,173
		51.41%	2.22%	2.81%	7.50%	9.04%	0.68%	1.28%	0.26%	0.43%	3.32%	9.46%	11.59%	100.00%
Bayview/Hunters Point	94124	190	7	0	50	56	2	12	18	12	0	38	60	445
		42.70%	1.57%	0.00%	11.24%	12.58%	0.45%	2.70%	4.04%	2.70%	0.00%	8.54%	13.48%	100.00%
Miraloma/Sunnyside	94127	71	4	5	16	13	1	4	6	6	12	51	40	229
		31.00%	1.75%	2.18%	6.99%	5.68%	0.44%	1.75%	2.62%	2.62%	5.24%	22.27%	17.47%	100.00%
Glen Park	94131	34	3	6	24	2	1	21	9	12	2	41	33	188
		18.09%	1.60%	3.19%	12.77%	1.06%	0.53%	11.17%	4.79%	6.38%	1.06%	21.81%	17.55%	100.00%
Lake Merced	94132	148	4	31	34	17	0	10	3	7	23	32	64	373
		39.68%	1.07%	8.31%	9.12%	4.56%	0.00%	2.68%	0.80%	1.88%	6.17%	8.58%	17.16%	100.00%
North Beach/Chinatown	94133	1862	53	17	16	53	3	7	1	2	0	143	88	2,245
		82.94%	2.36%	0.76%	0.71%	2.36%	0.13%	0.31%	0.04%	0.09%	0.00%	6.37%	3.92%	100.00%
Visiacion Valley	94134	467	14	4	244	78	11	53	52	28	1	69	83	1,104
		42.30%	1.27%	0.36%	22.10%	7.07%	1.00%	4.80%	4.71%	2.54%	0.09%	6.25%	7.52%	100.00%
Other/Unknown	N/A												395	395
		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
TOTAL		8,262	305	599	2,155	1,008	201	951	586	530	417	2,084	2,498	19,596
PERCENTAGE		42.16%	1.56%	3.06%	11.00%	5.14%	1.03%	4.85%	2.99%	2.70%	2.13%	10.63%	12.75%	100.00%

As the provider of last resort for indigent members of our community, San Francisco would be obligated to fill the gap left by the withdrawal of federal funds through the use of local general fund monies. The Department of Human Services reports that the cost of the county-funded General Assistance (GA) program may reach as high as $74 million during the first 12 months of welfare reform by adding 17,000 LPRs clients displaced from federal programs. For each senior and disabled LPR SSI recipient who is denied federal assistance based on immigration status and must go on GA at an average cost of between $345 and $650 per month, the City and County will incur an additional cost of between $4140-$7800 per person, per year. This dramatic increase in GA would diminish San Francisco's ability to provide other necessary support services to the community.

Faced with the enormity of this human and fiscal crisis, the Immigration Committee of the Welfare Reform Task Force quickly determined that a massive citywide coordinated citizenship effort was needed. By investing in a targeted naturalization project at an average cost of $300 per person, per year, the City and County of San Francisco would not only save one million dollars for every 240 immigrants who naturalize, but would ensure the future protection and political participation of many of its most vulnerable residents.

Recognizing limited budget resources in the City and County, the Immigration Committee explored the possibility of outside funding for the San Francisco Naturalization Project. Learning that the New York-based Emma Lazarus Fund (Soros Foundation), created by the Hungarian Immigrant, George Soros, was considering applications for grants supporting direct services activities to naturalize the most vulnerable LPRs, the Committee recommended that the San Francisco Naturalization Project submit a proposal as part of the twelve-county consortium coordinated by the Northern California Grantmakers. Preliminary recommendations from the Soros Foundation indicate that the twelve-county consortium will receive $5 million for two years. The San Francisco portion of the grant is estimated at $1,003,722 for a two year period.

On March 24, 1997, a San Francisco Naturalization Project Coordinator was hired by the Department of Human Services to continue the implementation of the San Francisco Naturalization Project. The COA provided the leadership and staff support in the early months of planning. The COA will continue to be an important component for the collaborative process.

Needs Assessment Description

The following needs assessments were used by the San Francisco Commission on the Aging in determining targeting, priorities and goals for completing the 1997-2001 Area Plan. They include: COA Five Year Priorities Plan: Summary of Anticipated Trends and Changes FY 1995 through FY 1999-2000, Board of Supervisors Budget Analyst Report on Needs or Gaps in Services for Seniors, the Senior Services Plan 1994-2000 and the available data on the impact of Welfare Reform on senior consumers and people with disabilities in San Francisco. *The San Francisco Profile of Immigrants and Refugees* provided an in-depth analysis of immigrant data and needs. The work of the COA Advisory Council's Long-Term

Care Committee which became the Ad Hoc Long-Term Care Planning Committee provided the background work for the Board of Supervisors Long-Term Care Task Force. The first five goals for this Area Plan correspond to the five goals developed in the planning process for the Senior Services Plan 1994-2000.

San Francisco Profile of Immigrants and Refugees

San Francisco Profile of Immigrants and Refugees, a Research Tool for Welfare Reform, Job Readiness, and Self-Sufficiency, was published by the Newcomer Information Clearinghouse, International Institute of the East Bay for the San Francisco Foundation in March 1997. The profile provides a comprehensive view of the individuals in San Francisco whose lives will be adversely affected by Welfare Reform so that private and public institutions will have a basis for the planning and service development needed to alleviate the impact of withdrawal of federal and state benefits.

The profile provides an overview of the following topics pertaining to San Francisco immigrant and refugee populations: legislation passed in 1996 which significantly changed immigration policy; a demographic overview of San Francisco's immigrant and refugee populations; rates of naturalization among groups; education status and language abilities; employment, occupation and poverty status; and public assistance usage.

A summary of the next steps needed in policy and service development to assist immigrant and refugee populations lists three major findings. 1) Improved population profiles are needed. 2) Education of policy makers and service providers is needed to understand options or the lack of options available to persons who can work and those who are not able to work. 3) A safety net of services must be implemented to provide assistance needed to cope with the loss of essential entitlements.

Board of Supervisors Budget Analyst Report, January 1992

The catalyst for the Senior Services Plan 1994-2000 can be traced to the Board of Supervisors Budget Analyst Report on Needs or Gaps in Services for Seniors. The Budget Analyst's office performed a survey of senior programs by mail, fax and telephone of thirty-six city programs, eighty-two nonprofit organizations, fifteen private housing buildings and twenty-two Housing Authority residences.

The primary findings of this study included the following:

- Housing, home-delivered meals and transportation are the largest service needs not currently addressed.
- The southern part of the city receives the fewest services for seniors.
- Many low-income seniors receiving an income above SSI calculation may be foregoing important medical services.

- Due to language and cultural barriers, seniors are often unaware of existing services available to them.

- Seniors report that the quality of IHSS is low.

The report concluded that "to meet the needs identified in this report would require either a reprioritization of existing funding or generating new revenue. Due to the current fiscal condition of the City, unless as a matter of policy additional revenues are to be raised, reprioritization of existing funding would be the logical choice."

Senior Services Plan 1994-2000

As a follow-up to the Budget Analyst's Report, the San Francisco Board of Supervisors created the Senior Services Plan Task Force to conduct strategic planning and develop a five-year strategy for improving service delivery to San Francisco senior citizens. The Task Force created the Senior Services Plan 1994-2000 which was approved by the Board of Supervisors in September 1994.

The Task Force agreed to allow the Commission on the Aging to utilize the information gathered at Senior Services Plan Task Force meetings and hearings for Area Plan purposes.

The target population identified to date by the Senior Services Plan Task Force includes all San Francisco seniors, age 55 and above, with special emphasis on those who are disadvantaged by social, physical, economic, and/or language factors.

The Task Force planned and executed five community meetings during March and April, 1993. These meetings targeted seniors and others concerned with senior well-being including: providers, caregivers and family members. Meetings were organized in geographically diverse community locations to facilitate broad attendance. Community outreach, mailings, and media were used to promote the hearings. To ensure diverse participation, translation services were available, as needed at each meeting. Similarly, paratransit services were organized to enable participation by frail, homebound seniors. Attendance exceeded all expectations, averaging over 125 participants at each meeting.

The community meetings were designed to gather information on needs of seniors and visions of how to improve senior services. Each meeting had three components: a panel discussion, small group discussions and open testimony. The findings from the meetings were collected through the written recorded notes from small group meetings, augmented by notes taken by COA staff and a Task Force consultant. All of the findings were organized and categorized by subject areas including: health and long-term care, transportation, social services, housing, nutrition, crime and safety, income support and financial well-being, service structure, service availability, volunteerism, and other.

The five top concerns identified at every meeting included: health and long-term care, transportation, crime and safety, housing and social services. The major concerns regarding health care were the need for expanded community-based and in-home long-term care and

the need for affordable care. With transportation, universal concerns were improving access and convenience to all types of transport and enhancement of sensitivity training for Muni drivers. Other concerns mentioned in most meetings were affordable transportation and safety. Regarding social services, the dominant concerns related to IHSS, with other less dominant calls for income support programs, case management, and senior center services. Within crime and safety, the most mentioned items were need for more police protection and the pervasive fear of crime or accidents at home and in the community. Prevention ideas were present at every meeting: calls for more volunteer patrols, better street lighting, etc. The need for expanded senior escort services was emphasized at four out of five meetings. Housing concerns were strongly present at all meetings, but varied the most in details provided regarding concerns. At four meetings, there was strong concern about the lack of available housing and the long wait for low-income housing. At three meetings, issues related to home maintenance surfaced as did the need for affordable housing. Another concern was the lack of access to information on housing.

The major themes that appeared throughout the meetings included concerns about: access to services, integration of services, affordability of services, needs generated by the diversity of the population, desire for options and choices and coordinated but neighborhood-based services. Minor themes mentioned were; elder abuse, intergenerational programs, special needs of grandparents raising grandchildren, and cleaner streets/a cleaner city.

Task Force planning emphasized a consumer perspective. Extensive consumer and community points of view were collected from prior studies, from presentations for the Task Force by City Departments and private agencies and from the 630 seniors who participated in five community meetings sponsored by the Task Force in the Spring of 1993.

The Task Force analyzed all of the consumer input on the full range of problems facing seniors in San Francisco and identified five priority areas: housing, health, community connection, transportation, and safety and security. The Task Force looked closely at these five problem areas, mapping existing services, service gaps and needed improvements.

COA Advisory Council's Long-Term Care Committee

The COA Advisory Council formed a Long-Term Care Committee in February 1993. The purpose of the committee was to develop a Long-Term Care Plan for San Francisco.

The COA Advisory Council's Long-Term Care Committee statement of purpose was:

- To gather information to identify the current problems and opportunities in the provision of long-term care services for all adults residing in San Francisco.
- To consult with appropriate service recipients, providers, agency staff and other experts about their ideas on humane and efficient models for the delivery of long-term care services.
- To develop a plan for the delivery of long-term care services in San Francisco.

- To advocate for the plan in the arenas of decision making that have an effect on the plan and its implementation.

For purposes of the planning process, *long-term care* was defined as a set of health, personal care, social and other supportive services delivered either continuously or intermittently over a sustained period of time by formal or informal support systems to persons with physical, mental, or cognitive limitations sufficient to compromise independent living. These services may include assistance with service coordination or case management toward the end of maximizing each persons optimum level of physical, social, and psychological well-being in the least restrictive environment. The COA Advisory Council's Long-Term Care Committee recognized that institutionalization is sometimes necessary, but view it as a last resort alternative for care and assistance.

The vision of long-term care for San Francisco was to broaden the traditional concept of medical care to include social and supportive services. An ideal health care system will provide a full continuum of services for each person from the cradle to the grave.

The main principles of long-term care according to the Committee involved:

System Philosophy: To create a coordinated, humane system that encourages each person's autonomy and independence and that supports families. Recent studies show that people are much more satisfied with care in which they participate as actively as possible.

Eligibility Based on Level of Function: All disabled adults should have access to services based on their level of function and need rather than age alone. It should not be assumed that as people age they necessarily lose the ability to take care of themselves.

Models for Service: The main focus of Long-Term Care Services should be keeping a person in his or her own home or familiar setting as long as possible. It should be recognized that the needs of some will only be met in an institutional setting. The expansion of home and community-based care should be encourgaged because that is what most people want for themselves and their loved ones.

The COA Advisory Council's Long-Term Care Committee continued to meet on a monthly basis and worked closely with the Senior Services Plan implementation so that the plans/position papers developed were integrated and compatible. Both formed the basis for identifying specific goals and objectives in the COA Area Plan and annual updates.

During Fiscal Year 1995-96, the Advisory Council's Long-Term Care Committee combined with the Ad Hoc Long-Term Care Planning Committee convened by the COA Advisory Council member, Donna Calame. The Board of Supervisors created the Long-Term Care Task Force in December 1996 to carry on the work of creating an integrated plan for San Francisco.

The main activities of the Ad Hoc Long-Term Care Planning Committee were as follows:

1. Recruitment and orientation of additional members which included full representation of long-term care issues and ideas and people who evaluated different models for services.

2. The Committee sought information and education on potential areas where services for vulnerable older persons and younger disabled persons can be better coordinated in the service network.

3. The Committee developed a position paper with recommendations regarding the improvement of information and access for all persons to long-term care services.

Senior Populations Targeted in Service Delivery

The Older Americans Act mandates that emphasis for services be given to older individuals with the greatest economic need with particular attention to low-income minority individuals; older individuals with the greatest social need, with particular attention to low-income minority individuals; older individuals with severe disabilities; older individuals with limited English-speaking ability; and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction. Large population numbers of the following minority groups of older people in San Francisco, include Asian/Pacific Islanders, African Americans, Hispanics, Gays, Lesbians, persons who practice Kosher traditions, and Russian emigres. The COA considers this targeting emphasis the foundation component for grant awards, service planning and coordination, and service delivery.

In the latest statistics collected concerning senior consumers served by COA funded services during FY 1993-94, percentages of target groups served are as follows:

	Congregate/Support Services Clients	Home-Delivered Meals Clients
Percent Low-Income	77%	60%
Percent Minority Low-Income	56%	40%
Percent Minority	70%	40%
Percent Disabled	40%	94%

The COA Senior Information System (SIS), the new COA client database, will provide accurate statistics for individuals served in all COA-funded services by FY 1997-98. Entry of client data began in February 1997. Pilot testing at provider agencies will begin in June 1997.

Adequate Proportion

The Older Americans Act mandates that each Area Agency on Aging (AAA) provide the

following services with Title III B funds in an adequate proportion determined by the AAA and approved by the State Unit Plan.

- Services associated with Access to services (transportation, outreach, information and assistance, and case management services)
- In-Home Services (homemaker and home health aides, visiting and telephone reassurance, chore maintenance , and supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction)
- Legal Assistance

During FY 1996-97, the COA funded a portion of Case Management, Transportation, In-Home services, and Legal Services with Older Americans Act Title III B funds. For FY 1997-98, the COA will use 48.61% or $409,631 of the total Older Americans Act Title III B funds for Case Management and Transportation (Access Services) and 51.39% or $433,124 of the total Older Americans Act Title III B funds for Legal Assistance. Title III B funds will not be used during this FY to fund In-Home Services. In-Home services will be funded in total by Off-Street Parking tax funds.

Senior Services Plan 1994-2000 Implementation

The major finding of the two year planning process culminating in the Senior Services Plan called for the development and phased-in implementation of 10 ***"Senior Centrals"*** over a five year period beginning FY 1995-1996. These Senior Centrals would provide the ***one-stop neighborhood access called for by seniors*** to an expanded range of information and services.

The San Francisco Commission on the Aging (COA) has developed the design for Senior Centrals and has successfully completed two annual request for proposal processes with the guidance and assistance of the *System Coordination Committee* (SCC). The SCC, including City Department representatives and consumers, continues to meet monthly, reviewing COA staff recommendations for Senior Central designation, framing service integration issues, and assisting in program/fiscal policy development. In addition, another body, the *Inter-District Council* (IDC), has been established. This body has served as a mentoring and problem solving group comprised primarily of existing Senior Center staff, local advisory council representatives, and consumers from both funded and non-funded Senior Central districts.

The first two areas (districts) selected for the first year of implementation during FY 1995-1996 were:

Senior Central District #4 *- North and South of Market/Potrero Hill:* This is an extensive collaborative effort with numerous providers forming the governance by means of a Coordinating Council. North of Market Senior Services serves as the fiscal agent.

Senior Central District #2 *- Western Addition/Marina*: This is a very diverse district using a consortium model of governance. San Francisco Senior Center serves as the fiscal agent.

The second two areas (districts) selected for the second year of implementation during FY 1996-97 were:

Senior Central District #1 *- Richmond:* This is a collaborative model with the Family Service Agency serving as the lead agency and fiscal agent.

Senior Central District #3 *- Northeast*: This is a collaborative model with Self-Help for the Elderly serving as the lead agency and fiscal agent.

Accomplishments in Year One of Six Months of Operation:

I. ***Outreach*** to over 7,000 seniors

- Languages spoken in outreach efforts include English, Spanish, Russian, French, Tagalog, Cantonese, Mandarin, Korean, Vietnamese, Laotian, and Cambodian
- Isolation of seniors being reduced

II. ***Information & Referral, Assistance, and Follow-up*** to more than 1,300 seniors

- Senior Centrals serve as focal points for neighborhood-based and citywide service and program information.

III. ***Collaborative Relationships Established***

- Over 40 Memorandum Of Understanding (MOU) agreements with district-based service providers have been established.
- *National Council on Aging, Inc.:* Coordination of senior employment and training opportunities and development of senior centrals as job training sites.
- Formation of the Inter-District Council (IDC). The IDC advises the COA and the SCC on the implementation of the Senior Service Plan. Key leadership, facilitation, and meeting space for the IDC have been provided by representatives from the National Council on Aging and Kaiser Permanente.
- City Department Collaboration

Department of Human Services: development of common intake forms, in-service training on eligibility and application assistance with particular reference to adult services and in-home supportive services

Department of Public Health: coordination of in-service training and provision of health education, healthcare assessments, and screenings including flu shots; participation and scheduling of the Community & Home Injury Prevention Project for Seniors (CHIPPS) presentations and model replication

Recreation and Park Department: Dissemination of information and opportunities for program coordination and participation

Housing Authority: specialized in-service training in housing referrals

Police Department: participation and scheduling of SAFE (Safety Awareness for Everyone) crime prevention presentations

Department of Transportation (Muni): Fixed route and paratransit specialized training, information and assistance

- Collaborative Efforts Increasing in Six Non-funded Districts

District #5 - Mission: established a district planning council in 1995. The council co-sponsored a senior information day with Canned Foods. Most recently, received a United Way grant for case management services.

District #6 - Bayview Hunters Point: established an informational health fair in collaboration with the Department of Public Health.

District #7 - Visitacion Valley/Portola/Excelsior: planning process has merged with the Enterprise Community development process. A safety task force has been established engaging the SAFE program in development of neighborhood crime watch and personal safety programs.

District #8 - OMI/St. Francis Woods/Miraloma Park : successfully convened its first planning meeting on November 21, 1996.

District #9 - Inner Sunset: has merged their planning process with District #10.

District #10 - Outer Sunset: sponsored a senior information day in conjunction with the Sunset District Festival held at the Sunset Playground. The district planning council has been successful in engaging the San Francisco State Gerontology Program to provide interns to assist in the program and policy development and needs assessments. The planning council is working in conjunction with the Beacon School Development at A. P. Giannini Middle School.

IV. Mutual Assistance Volunteer Network Established

- Over 800 hours of volunteer service provided by over 20 seniors

Formation of Work Groups

The COA has continued to convene work groups to assist in developing common operational standards and assessment tools, and identify coordination and collaboration issues to enhance and augment the Senior Central system development.

The *Case Management Work Group* engaged a consultant funded through a grant awarded by the French Foundation for Medical Research and Education to Centro Latino de San Francisco. As a result of 8-month process, a 300 page citywide ***Case Management Plan for Senior Services and Community-Based Long-Term Care*** was published and distributed. The plan provides definitions of various models of case management; operational standards and guidelines of practice; quality assurance and improvement standards; evaluation activities; outcome measures; and extensive clinical protocols for case managers.

The *Nutrition Work Group* developed three sets of program performance standards which were subsequently approved as policies by the Commission. The standards included: Ethnic Meals Provision Policy, Special Diets Provisions Policy and Nutrition Program Staffing Policy. The work group is currently discussing the development of standards for staffing patterns with reference to meal production including activities such as food preparation/cooking, ordering of food and supplies, inventory control, kitchen cleanup, direct supervision of staff, and bulk food portioning at central kitchens. In addition, the group is reviewing the reassessment process for home-delivered meal participant eligibility. Inadequate reassessment of clients who are no longer eligible for home-delivered meal service has been identified as one of the major factors contributing to the current waiting list for service. The group will be reviewing the current Clearinghouse system for tracking clients on the waiting list, agencies' use and compliance with Clearinghouse procedures, and development of quality assurance standards. The group will propose a citywide congregate nutrition site plan that will address the following issues: providing nutrition sites in undeserved areas and consolidating small sites which are not cost-effective and are not serving a targeted population.

The *Transportation Work Group* successfully completed the planning development phase of a pilot project in coordination with the District #4-Central City/Potrero Hill Senior Central, Metropolitan Transportation Commission (MTC), Muni, California Food Policy Advocates, Safeway, Chevron and Bay Area Rides for Commuters (RIDES) to initiate a group shopping assistance program at Safeway. The proposed project will seek to utilize commuter vans on a fixed regular rotating schedule, picking up 8-10 seniors per day at two of seven major housing developments in the South of Market/Yerba Buena corridor. The project would operate sixteen working days a month. The implementation of the project has been delayed due to unresolved liability insurance issues.

The *Volunteer Work Group* was convened to provide a mechanism for agency volunteer programs to assess, identify, and create standardized volunteer management protocols in order to alleviate duplication and better utilization of limited staff time. As a result, the group, lead by Maureen McGuinness, Retired Senior Volunteer Program (RSVP), and Robert Pementell, Foster Grandparents & Senior Companion Programs, compiled various resource listings, mostly produced by the Volunteer Center, including recruitment, meeting schedules of round table discussions, and volunteer manager and training resources. The group will continue to meet on an "as-needed" basis.

The *Citywide Naturalization Project* was convened by the COA, on behalf of community-based organizations and other city departments, to coordinate an effort to identify issues and strategies in providing the best possible information and services for the elderly and younger disabled legal permanent residents who may be losing their benefits under federal welfare reform. A proposal is being developed to promote a major increase in the capacity of agencies to provide ESL/Citizenship classes, education and outreach, case management/social services for application assistance, and advocacy efforts.

The *Ad Hoc Long-Term Care Planning Committee*, consisting of representatives from many nonprofit organizations and city departments with expertise in providing long-term care services in San Francisco, has been meeting since 1995. This group has worked extensively to develop and recommend a long-term care planning process which will effectively address the requirements of AB 1040. AB 1040 (Bates), recently signed into law by Governor Wilson, creates the long- term care integration pilot projects in five counties, as part of a program to improve the delivery system for long-term care services in California. A formal planning process has been initiated as per a resolution from the Board of Supervisors that 1) officially creates a Long-Term Care Task Force with designated representatives; 2) authorizes the formal planning process and the Department of Public Health as the lead city department; and 3) directs the development of a comprehensive plan for the improvement of long-term services in San Francisco. Some of the specific tasks include the development of an administrative action plan which describes the scope of services and programs to be integrated; identification of funds for transfer into a consolidated long-term care services fund; and designation of a long-term care services agency to administer the fund and action plan.

The *Overlapping Clients Work Group* has been formed to identify factors which can trigger cross referrals and determine eligibility for other services during the client intake and assessment process. The purpose of the work group is to focus on the elderly and disabled Medi-Cal population and enhance the ability and awareness of opportunities to coordinate and develop comprehensive service packages among various public and private nonprofit service providers. Some of the service providers involved in this process include the San Francisco Adult Day Health Network, In-Home Supportive Service Consortium, Paratransit Broker, Meals on Wheels, and MSSP/Linkages. The Department of Human Services, Department of Public Health, and Department of Public Transportation (Muni) are also involved in this process.

The *Work Plan Evaluation Work Group* has completed the first evaluation of the Senior Services Plan Milestones.

The *COA Information and Referral Program* is providing the leadership in developing training curriculum for information & referral workers at senior centrals. Initially, the ongoing trainings will be provided for the benefit of frontline information & referral workers. Opportunities to expand the training curriculum including skill-building and case conferencing involving others such as social workers, administrators, and consumers will be explored.

Accomplishments and Goals for Year Two Implementation - FY 1997-1998:

The COA has successfully accomplished the start-up of two more senior centrals in FY 1996-1997.

The COA will conduct many public forums through the SCC, IDC, and the COA Finance Committee to assist staff in addressing the following issues:

Fiscal:

- Has the selection criteria for funding Senior Centrals inadvertently increased the inequity in funding levels between senior central districts?
- Start-up costs for funded Senior Centrals
- Seed money for unfunded Senior Central Districts
- Identifying fundraising strategies for ongoing support of the four existing Senior Centrals and Year Three implementation of additional Centrals

Program

- Senior Central model design (lead agency or consortium governance)
- Senior Central staffing patterns

A fundraising consultant has been retained to assist in addressing the identification of fundraising strategies and will be soliciting additional support from foundations, corporations, and managed care organizations.

Concurrently, the COA has retained an evaluation consultant and, along with the SCC, will form an evaluation work group to establish measurable outcomes and quality assurance standards for assessing the success and effectiveness of senior central operations in increasing access to services for seniors in the City and County of San Francisco.

Conclusion

The planning and development of senior centrals have created more collaborations among both city-funded and non-city funded agencies as well as increased volunteer/consumer interest in meeting the needs of seniors. These factors of collaboration and increased volunteer/consumer interest are critical in the development of a neighborhood one-stop access focal point safety-net to services as future cuts in social service and entitlement programs begin to take effect.

The Senior Centrals will play an increasingly critical role in identifying those seniors who are at greatest risk of losing supplemental security income (SSI) benefits.

Senior Centrals are proving to be an effective model for increasing the health and safety of seniors and their caregivers in San Francisco, and in assisting them to remain in their own residences.

COA Five Year Priorities Plan: Summary of Anticipated Trends and Changes FY 1995-96 through FY 1999-2000

The COA developed the COA Five Year Priorities Plan in order to establish the framework for the COA Request for Proposal (RFP) that was issued in February 1995. The COA considers the Five Year Plan as a working document which will require review on an ongoing basis.

Background

San Francisco has a wide range of private nonprofit community-based organizations who have a mission to provide social and health services to elders. These community-based organizations are located in many of the City's neighborhoods. A particular strength of many of these organizations is that they are bilingual, bicultural and representative of the constituents they serve. These community-based organizations along with hospitals, City departments and other institutions, play a major role in the delivery of services to the City's older persons and help comprise the local aging network.

The COA is formulating system changes which build upon and restructure the existing network of community-based private nonprofit senior service providers. The COA recognizes that senior centers and congregate nutrition sites are the entry point for well elders into the community-based system of care. The COA anticipates that the system changes will take place gradually over an initial five-year period of time. The COA plans to shift funds among specific program areas and will work closely with all service providers to assist in efforts to supplement COA dollars.

The process of system change is a complex and difficult challenge. The COA encourages comments, suggestions and questions concerning this planning document so that the final plan is a shared vision for the senior service system in San Francisco.

For Fiscal Year 1997-1998 the Commission on the Aging (COA) will continue making incremental changes in San Francisco's senior service delivery system to reflect trends in policy, Senior Services Plan recommendations, and funding at the federal, state, and local levels. The COA recognizes the following trends:

Potential for Less COA Funding

The COA still faces the potential for less COA dollars due to the uncertain fiscal impact of Welfare Reform legislation on local and state budgets, and a growing reluctance by the public to vote tax increases for services, and the change to a conservative majority at the federal level.

On the local level, senior services are in competition with safety and security issues, needs for persons with AIDS, the homeless population, assistance for LPRs who will lose SSI and an array of compelling health and social needs for persons of all ages.

Community-Based Long-Term Care

The fastest growing segment of the San Francisco elderly population is persons over the age of 85 years. This growth is reflected in long waiting lists for services such as home-delivered meals, case management, and in-home assistance. Functional ability versus age is becoming recognized as the indicator of a need for services.

Consumer-driven Approach/Client as Customer

The Senior Services Plan has established a focus that services need to have consumer involvement at all levels and that the consumer provide the direction for service development and implementation. The emphasis is on viewing clients as customers.

Target Population for Services

The COA will continue to follow the Older Americans Act regulations which emphasize targeting funds and services to persons in greatest social and economic need with particular attention to low-income, minority, non-or limited-English speaking, and frail older persons.

Collaboration/Accessibility

The Senior Services Plan directs public and private service providers to work together to coordinate services, to reduce duplication and to ensure that clients are getting the best possible services. The Plan emphasizes the importance of having services readily accessible to older persons by having services based in neighborhoods whenever possible and by directing active outreach efforts. In the first four senior central areas, the senior central will provide leadership toward this effort.

COA IMPLEMENTATION PLAN

The COA is proposing the following changes to continue to implement greater cost efficiencies as well as to begin shifts in the current COA-funded aspect of the senior service system. The proposed changes will affect the following areas: the overall directions, the service contract changes, and the Senior Services Plan implementation. They reflect the trends discussed above as well as the charge to implement the Senior Services Plan.

> ***Overall Directions***: New changes in the way the COA does business with the service community and examines the shifts in priorities for service dollars.
>
> ***Service Contract Changes***: New ways to increase efficiency within existing funding levels.
>
> ***Senior Services Plan Implementation***: Incorporating the Senior Service Plan mandates into the service provider network.

OVERALL DIRECTIONS

COA Funds As a Smaller Proportion of Contractor's Total Agency Budget

The most critical change is that COA funds are going to become a smaller part of contractors' service budgets in the coming years. Service providers need to begin to shift a greater share of costs to fundraising, volunteers, and other cash and in-kind donations.

Service providers, Board members, and management staff will need to evaluate their ability to plan and implement successful fundraising activities. COA staff will be working one-on-one with service contractors to explore ways to provide services to targeted elders with decreasing COA dollars. Requirements for cash and in-kind match for Fiscal Year 1995-1996 were a 5% cash match and a 5% in-kind match. Match requirements started to increase incrementally each year beginning in Fiscal Year 1996-1997 to attain a level of 7.5% cash and 7.5% in-kind match by the end of a five-year period.

Services Growth

The COA will implement cost-savings measures and whenever possible, shift funds to support additional COA funded home-delivered meals, case management services, emergency short-term housing, and to provide basic services in undeserved areas of San Francisco.

Service Limitations

The COA will work with service provider input to reduce COA funds in activity scheduling. The COA recognizes that Senior Centers and Nutrition Sites are the entry point for seniors into the community-based system of care. Services of Recreation and Park, other city departments, Community College, civic and fraternal organizations and volunteer recruitment will be tapped in an effort to replace COA funded dollars.

SERVICE CONTRACT CHANGES

Nutrition Changes

Beginning in Fiscal Year 1995-1996, the COA started to shift dollars from congregate nutrition program funds to increase home-delivered meals capacity by 80 meals per day. The current waiting list for home-delivered meals exceeds 300 persons. The overall congregate nutrition program meal service level is currently under the contracted level. The COA will work with nutrition providers to review the home-delivered meal system to find other ways to reduce the home-delivered meals waiting list, including discussions of one versus two meals per day service.

Contractor Budget Revision Policy

Beginning in Fiscal Year 1995-1996, COA started to recoup contractor funds that result from COA-funded savings. For example, contractors will not be allowed to leave positions unfilled and then utilize those funds to offset costs in other areas of the budget. Resulting savings will be channeled into top priority areas such as home-delivered meals, case management services, and to provide basic services in undeserved areas of San Francisco.

Staffing Pattern/Cost Pattern

The COA will work with service provider input to evaluate the benefits of establishing a minimum staffing pattern requirement for all COA funded services based on levels of clients and services. The COA would then fund a minimum staffing requirement in future Request for Proposals. For example, a goal would be to come up with a recommended staffing pattern for a nutrition site, a senior center, a meals preparation kitchen.

Standards For All COA-Funded Programs

Minimum operation standards will be developed with service provider input for all COA-funded programs.

Performance-Based Contracting

The COA, with service provider input, will evaluate the feasibility of shifting incrementally from a budget-based service contract to a performance-based contract.

New Client and Data Reporting System

In the Fiscal Year 1995-1996 RFP, the COA began changing some of the names of current COA services to fit the new NAPIS (National Aging Program Information System) requirements. A new data collection system will be developed in conjunction with the local NAPIS committee and will include both program data as well as a master client index.

Recognition for Excellence

The COA will work with service providers to develop an incentive plan to reward and recognize those service providers who consistently provide cost-effective high quality services to older persons. The COA wants to recognize excellent service organizations that display combined efforts of service achievement, active consumer participation, a broad-based dedicated governing body and a committed, responsive and effective staff. The COA will propose a "Service of the Year" award to be designated annually in May as part of the celebration of Older Americans Month.

SENIOR SERVICES PLAN IMPLEMENTATION

Senior Central Planning

In the first four Senior Central districts, the COA has required service providers to develop memoranda of understanding with the Senior Central aimed at coordinating services, developing an outreach plan, consumer involvement and the initiation of a volunteer mutual assistance network. Service providers in the six other Senior Central areas have initiated planning councils in their area with a goal of establishing a senior central in all ten areas by the year 2000.

Citywide Services Accessibility

The COA will convene a task force to address the issue of how citywide service providers can best fit into the senior central plan. Service providers such as legal services, home-delivered meals and ombudsman will be asked to work on tasks such as the development of protocols for citywide services.

Case Management Systems Development

The COA required COA-funded Case Management service providers and requested other case management providers to work together to develop a plan for a citywide coordinated system of case management (i.e., standards for common intake and assessment, care planning, etc.) including the development of additional money management services. This group produced a Case Management Manual and completed the first phase of training in utilization of the manual in March 1997.

Legal Services Coordinated Planning

The COA will require COA-funded legal service providers to develop a citywide plan for legal services priorities and provision of services.

Housing

The COA will work with housing service providers, the Mayor's Office on Housing, the Housing Authority and Mayor's Office on Community Development to channel more housing resources to seniors including the provision of more temporary and permanent housing placement and the availability of a computerized housing resource database for low-income and subsidized housing.

Nutrition

The COA, with service provider input, will develop and begin to implement a citywide congregate nutrition site plan that will address the following issues: providing nutrition sites in undeserved areas; and consolidating small sites which are not cost-effective and are not serving a targeted population.

Transportation

The COA will work with Muni's Paratransit system to solicit additional alternative revenues in order to provide a coordinated approach to transportation for those persons unable to use the fixed route transportation system.

Elder Abuse Prevention

The COA will work with the Consortium for Elder Abuse Prevention to implement the recommendations of the Elder Abuse Prevention Task Force Report.

Addendum to the COA Five Year Priorities Plan

Planning Issues for FY 1996-97 and Beyond

Due to the feedback provided at recent forums including the COA Finance Committee and System Coordination Committee meetings, the COA has revised the original memorandum dated January 17, 1996. The changes are reflected in bold italics.

The Commission on the Aging (COA) actively engaged in a number of public discussions focusing on the COA Five Year Priorities Plan: Summary of Anticipated Trends and Changes FY 1995-1996 through FY 1999-2000, which include the implementation of the Senior Services Plan. The forums for this communication were the monthly Commission meetings, Commission Finance Committee meetings, and monthly Advisory Council meetings.

While there has been some meaningful input and spirited discussion at these meetings, the COA is formulating system changes which will build upon and restructure the existing network of community-based private nonprofit senior service providers. It is ***essential*** that contractors provide input into this decision making process. ***Please note that input***

provided at this time by consumers, providers, and advocates helps set the stage for ongoing discussions in shaping system change incrementally over the next five years.

To that end, the COA on an ongoing basis shall be ***1) discussing the issues, highlighted below, with staff, Boards, Advisory Councils, and volunteers; and 2) discussing these issues with other service providers within each district.*** These issues, along with the issues raised by the COA Case Management, Nutrition, and Transportation Work Groups will be discussed at upcoming COA Finance Committee and Commission meetings.

ISSUES:

Establishment of Senior Central District Councils

The Senior Services Plan envisions a total of ten senior central districts throughout the City. Many senior service providers within the six unfunded districts have already convened local meetings and have begun discussing plans for the establishment of a senior central in each district.

Senior Central District-Based Identification of Roles In-Service Provision

The COA is requesting providers in each district to identify their role in providing services to well and frail seniors along the continuum of long-term care. Would the provision of the widest range of services along the continuum be considered a factor? What are the other factors to be considered? Do they include the number and diversity of persons served per day? Does the factor of uniqueness and targeting to special populations play a role? Is it the amount and range of services provided or days in operation per week? Where does the provision of paratransit and other essential services fit in?

Citywide Services Accessibility

The COA is requesting information on who identifies themselves as a citywide service provider. What criteria do you use to call yourself a citywide service provider? How is this designation different than a neighborhood provider? Are you both a citywide and neighborhood provider? Do you primarily serve a special population?

Legal Services Coordinated Planning

The three COA funded legal services providers have met and have started to develop a position paper on legal services. The paper addresses a brief history and purpose, the status quo, the anticipated changes as a result of federal discussions and/or action impacting the Legal Services Corporation, welfare reform and immigration, anticipated changes in-service priorities, and current and proposed populations to be served.

Elder Abuse Prevention

The COA is requesting information on developing service priorities for both well and frail older persons. The Elder Abuse Prevention Task Force documents the need for financial case management services. How important is the need to fund this new service as compared

to funding existing programs and services? If this is deemed a priority service, what is the most effective manner in which to implement this service?

The COA strongly encourages service providers to begin addressing these issues immediately. The COA values input and participation in helping to reshape and restructure the service delivery system in response to the challenging fiscal climate.

We continue to appreciate the dedication, commitment and quality of work performed by the service providers.

Draft COA MIS Plan

Contents:

PART 1 - Goals for FY 1997-98:
PART 2 - COA Master Client Database Implementation
PART 3 - COA Senior ID/Gold Card
PART 4 - Electronic Collection of Congregate Meal Counts
PART 5 - Time Line for Objectives for FY 1997-98

PART 1 - Goals for FY 1997-98:

- To create a Management Information System (MIS) that meets the needs of service providers, the Commission on the Aging (COA), the California Department of Aging (CDA) and the Administration on Aging (AoA) for collecting client and units of service data.
- To create a master client database of unduplicated participants served by COA-funded programs in San Francisco.
- To submit client data to the COA electronically.
- To collect Congregate Meals data electronically.
- To make Information and Referral resources available to contractors electronically.

Objectives for FY 1997-98:

- Refine and implement the Draft COA MIS Plan into a workable, flexible, user-friendly system.
- Establish the master client database by a phase-in of all COA contractors into a computer based system.
- Phase-in the electronic collection of congregate meals units of service for selected meal sites.

PART 2 - COA Master Client Database Implementation:

The COA master client database will include client data for persons 60 years and older served by COA funded programs. **Each COA contractor will be required to complete a COA Client Intake Form for each client served in a COA funded program.** Contractors will retain the Client Intake Forms at their sites. Once the necessary equipment and software has been installed at the contractor site, client data will be entered directly into the master client database on-line via modem. Legal service providers and the ombudsman program are exempt from this requirement until further analysis of confidentiality issues.

The ultimate goal is to include as many participants as possible, however: **services may not be denied to a participant for refusal to give information requested on the COA Client Intake Form.**

The goal is to have all programs submitting client data on-line by **December 31, 1997.** Existing computers and modems will be used at contractor sites whenever possible, however the COA does have a limited number of computers and modems for distribution where necessary.

The COA will provide training for contractors in data input and use of the master client database software.

PART 3 - COA Senior ID/Gold Card

The COA SENIOR ID/GOLD CARD will provide the following functions:

- Registration card for the COA master client database
- Automatic enrollment into the Senior Gold Card Program
- A means to easily register at COA-funded agencies
- A convenient reference for the central Senior Information and Referral telephone number

Temporary COA Senior ID

On the day of intake, the service provider will issue a temporary card to the senior to indicate that the person has completed registration. The COA will provide the temporary cards for service providers.

Card Distribution Procedures:

1. The service provider will write in the senior's name, birth date, date of issue, and client ID number.

2. The provider will stamp or write the provider's name, phone number, site number, and the client's ID number on the back of the card.

When the senior presents the temporary card at another COA funded agency, the agency staff will be alerted that the client has already registered into the COA master client database. The service provider can look up that person's COA client data on the COA Senior Information System (SIS) by entering the person's name, Social Security number, or client ID number.

Permanent COA Senior ID

After a new client has been entered, COA staff will issue a COA SENIOR ID/GOLD CARD. The card will include the person's name, a unique client ID number, a barcode and the phone number for the COA Senior Information and Referral Program. The card will be mailed by the COA to each individual along with information on the COA Senior Information and Referral Program and instructions on how to use the card for discounts and for registration at other COA-funded programs.

Registration at Additional COA-Funded Agencies

Once a client has his or her COA SENIOR ID/GOLD CARD, the client may use the card to register at other COA funded agencies. This will enable the client to avoid having to complete another intake form at each agency where he or she is a participant. The contractor will be able to enter the unique client ID number listed on the card into the computer and receive the client's data from the COA master client database. The service provider will then update the data for the agency use by updating any client information that has changed and adding the services that the new agency will be providing to the client. Contractors are only authorized to access client data for which the individual has given his or her authorization by presenting the COA SENIOR ID/GOLD CARD or Social Security Number.

Issuing the First Batch of COA Senior ID/Gold Cards

For the first mass issuance of permanent cards from the COA, cards will be sent to service providers for distribution to seniors who are regular participants in order to avoid excessive mailing costs. Following the first mass issuance, cards for new clients will be mailed from the COA directly to the client.

PART 4 - Electronic Collection of Congregate Meal Count

Once the master client database has been successfully installed and tested at a number of initial pilot implementation sites, the COA intends to request additional development and modifications to the software that will allow units of service data to be collected electronically using barcode readers. Barcode data collection will be implemented first for congregate meals and later extended to other programs.

During a phase-in process following development of the barcode software, selected congregate meal sites will receive electronic scanners from the COA that will read the barcodes on clients' COA Senior ID/GOLD CARDS as they sign-in for a meal.

During sign-in, the senior will swipe his or her card through a barcode reader which will read the Client ID from the card and record the following data: Client ID, unit of service received (one meal, in the case of congregate meals), date, location, and provider. **Signatures from**

each person receiving a meal will still be required. The information collected by scanner will be sent to the COA on a regular basis.

Sign-in for Persons Without a COA Senior ID/Gold Card

For a person new to the nutrition site who does not have a COA card, the service provider/volunteer will swipe a generic barcode card labeled **Senior**. There will also be a generic barcode card labeled for each of the following categories: **Non-Senior Volunteer**, **Non-Senior With Disability**, **Non-Senior Employee**, and **Non-Senior Guest**.

Lost Cards: If a person has lost his or her card, the nutrition provider will be able to input the Client ID number into the scanner for that individual. The COA will supply a list of names and Client ID numbers for persons registered with the nutrition provider.

The contractor will send a request to the COA to reissue a card. At some point, contractors who serve a senior who has lost his or her card several times will be notified that no more cards will be issued to that individual. The individual's ID number, which will be on file at the agencies, will be entered into the scanner whenever the client receives a meal.

Congregate Sites in Host Agencies

When a meal site is located in a host agency, normally the host agency will be responsible for the initial intake of a client, however the center staff and the nutrition program staff may agree on an alternate arrangement that is satisfactory to both parties. The nutrition site would count the senior as a participant and the center would count the individual as a participant if a service such as Community Services, or Case Management is provided.

PART 5 - Time Line for Objectives for FY 1997-98

June 1, 1997:
Pilot implementation of the master client database begins at selected sites.

July 1997:
COA staff meet with the Provider MIS Committee to discuss the results of the pilot implementation, plans for further implementation at all contractor sites, and plans for barcode development.

August 1997 through December 1997:
Installation of the master client database software at remaining contractor sites begins.

PART TWO

AREA PLAN GOALS

and

OBJECTIVES

PART TWO: AREA PLAN GOALS AND OBJECTIVES

Goal #1: Plan And Coordinate A Consumer-Driven Approach To Meeting Senior Needs

Develop an integrated, coordinated, consumer-driven approach to meeting senior needs that fits the diversity of San Francisco seniors.

RATIONALE

The core mission of the Commission on the Aging is to develop community-based systems of care that provide services which support independence, and which protect the quality of life of older persons and persons with functional impairments, and promote consumer involvement in the planning and delivery of services. In order to achieve this goal, the COA continues to serve as the lead agency in the implementation of the Board of Supervisors 1994 - 2000 Senior Services Plan.

OBJECTIVES (1997-98)

1A. The COA will continue to convene the Systems Coordination Committee (SCC) throughout FY 1997-98.

1B. The COA will convene monthly trainings for Case Managers utilizing the "Case Management Plan for Senior Services and Community-Based Long-Term Care" developed in FY 1995-1996 and published in FY 1996-1997 throughout FY 1997-98.

1C. The COA will attempt to maintain the FY 1996-97 level of program services throughout FY 1997-98.

1D. The COA will participate in the Board of Supervisors Long-Term Care Task Force which will create an application for pilot funding for an integrated long-term care plan for San Francisco by June 30, 1998.

1E. The COA will be involved in the Hunger Work Group of the "Building a Healthier San Francisco Collaborative" which will develop an action plan and proposal for additional funding for increased hunger and food needs by June 30, 1998.

1F. The COA will continue leadership in convening the Overlapping Clients Work Group which continues to meet to coordinate and develop comprehensive service delivery to Medi-Cal consumers throughout FY 1997-98.

1G. The COA will strengthen the COA Legislative Committee membership to include "community-based system of care" providers beyond the COA, including other city departments and agencies by June 30, 1998.

1H. The COA will specifically concentrate on Legislative Proposals which promote a coordinated "community-based system of care" and increased funding for preventative programs, including the Older Americans Act by June 30, 1998.

1I. The COA will specifically concentrate on Legislative Proposals which promote the restoration of former levels of federal funding and maintain and increase levels of state funding for entitlement programs such as Medicare, Medi-Cal, In-Home Supportive Services, Social Security and Supplemental Security Income by June 30, 1998.

1J. The COA will promote legislative proposals which increase funding for nutrition and USDA to address the negative impact of Welfare Reform by June 30, 1998.

1K. The COA will promote legislative proposals which address and rectify the current inequities of the intrastate funding formula by June 30, 1998.

1L. The COA will comply with the mandate of AB 2800 to incorporate and maintain State transfer programs with the FY 1996-97 level of units of service for FY 1997-98 and FY 1998-99.

1M. Through the COA participation in the California Task Force for the Employment of Olders Workers, the COA will ensure that older workers' issues and concerns are addressed in the development of One-Stop Career Centers by June 30, 1998.

Goal #2: Increase Consumer Access To Services

Increase consumers' access to coordinated, integrated community-based social, health and related services, including prevention.

RATIONALE

Through the needs assessment process of the Senior Services Plan, senior consumers called for a citywide, fully accessible service system that is seamless and single-tiered, in which senior consumers flow from one service to another without falling through the cracks in service delivery. It is envisioned that this system can be achieved by the Year 2000 through the full implementation of the Senior Services Plan and its goal of ten Senior Centrals.

OBJECTIVES (1997-98)

2A. The COA will implement two more senior centrals, establishing a total of six senior centrals, by June 30, 1998.

2B. The COA Information and Referral Program (I & R) will provide the leadership in developing training curriculum for information & referral workers at senior centrals and COA contractors and will provide monthly trainings by June 30, 1998.

2C. The COA will connect all COA contractors within the COA Senior Information System (SIS) by providing on-line Senior Information, on-line referral to all COA contractors, and a client database for all COA-funded services by June 30, 1998.

2D. The COA Information and Referral Program (I&R) will provide the leadership in developing training curriculum and will provide monthly and quarterly trainings for information & referral workers for senior central staff and COA contractors throughout FY 1997-98.

2E. The COA Information and Referral Program (I&R) will conduct a campaign in multiple languages to provide 10,800 people with information about services available to seniors living in San Francisco. Senior Information & Referral will attempt to provide the following units of service: Information and Referral - 10,800 Contacts; Follow-ups - 900 Contacts; Outreach 7,500 Contacts; and Publication - 700 pages of printed reference material by June 30, 1998.

2F. The COA Information and Referral Program (I&R) will conduct two media training sessions by June 30, 1998.

2G. The COA Information and Referral Program (I&R) will assist in providing information in multiple languages to 3,000 consumers impacted by Welfare Reform by June 30, 1998.

2H. The COA will seek improved measures to provide outreach and access services to the target populations of minority, low-income, and frail populations through senior central implementation by June 30, 1998.

2I. The COA will develop means to improve outreach and access services to the minority population of gay and lesbian older persons through senior central implementation by June 30, 1998.

Goal #3: Develop Housing And Housing Assistance For Seniors

Develop housing that accommodates the full range of senior needs and desires

RATIONALE

Senior consumers in the Senior Services Plan process called for the City to increase its efforts to address the housing needs since affordable shelter is critical to their health and independence. Older adults who lack appropriate housing begin to have other health, social and safety problems, increasing demands on other senior services.

OBJECTIVES (1997-98)

3A. The COA will continue to work with housing developers, community providers and the Mayor's Office of Housing (MOH) to recognize, document and include senior housing needs in the Comprehensive Housing Affordability Strategy (CHAS) throughout FY 1997-98.

3B. All Senior Centrals will continue to provide information and assistance to seniors on housing issues, particularly, with public housing applications, Section 8 vouchers, and access to housing counseling throughout FY 1997-98.

3C. The COA will continue to fund the program category of housing to provide emergency housing placement and housing counseling for permanent housing placement throughout FY 1997-98.

Goal #4: Improve Public And Paratransit Transportation For Senior Consumers

To maintain and expand existing affordable and accessible transportation for seniors

RATIONALE

In the Senior Services Plan, senior consumers designated accessible transportation as a critical service. Consumers want to travel quickly, conveniently, safely on public and paratransit transportation with drivers and escorts sensitive to consumers' needs.

OBJECTIVES (1997-98)

4A. The COA will continue to participate in the Paratransit Coordinating Council and the Paratransit Coordination and Operations Committees to ensure that senior consumer needs are an important component of City and regional transportation planning throughout FY 1997-98.

4B. The Transportation Work Group will continue to monitor the development and implementation phases of the Senior Nutrition Access Program (SNAP). Implementation will include the following: to provide 3,200 one-way trips to a supermarket for the target population; to provide food shopping trips at lower cost than paratransit trips; and to receive commitment from Safeway or other corporate sponsors to cover the costs of the ongoing service plan for at least one year by June 30, 1998.

4C. The COA will attempt to maintain the FY 1996-97 level of COA-funded paratransit rides throughout FY 1997-98.

4D. The COA will continue to work with the Senior Action Network (SAN) to promote higher fines for illegal parking in handicapped spaces, to promote training for Muni drivers on special needs for senior consumers and people with disabilities, to enforce disabled/senior seating on Muni vehicles, and to advocate for increased security on buses.

4E. The COA will explore alternatives to provide transportation for seniors in need of paratransit services but who are ineligible for obtaining Americans with Disabilities Act (ADA) certification by June 30, 1998.

Goal #5: Increase Safety And Security

To reduce incidents of crime against seniors and their property and increase security and well-being among older San Franciscans.

RATIONALE

Due to crime on the streets and on public transit, and limited transportation in some neighborhoods, seniors have become isolated in their homes. Additional barriers to safety exist for those isolated by culture and language. Social isolation and physical limitations make many senior consumers vulnerable and at high risk for being victims of crimes.

Earthquakes, fires and other emergencies that result in injuries can occur at any time. The key to reducing injuries is emergency preparedness at home, in the workplace, and in the community.

5A. The COA Network will continue to work with San Francisco SAFE, Senior Action Network, and the San Francisco Police Department to distribute safety information and schedule presentations to senior consumers in the City throughout FY 1997-98.

5B. The Senior Centrals will work with the DPH Community and Home Injury Prevention Project for Seniors (CHIPPS) to train volunteers to perform home safety assessments for 100 consumers by June 30, 1998.

5C. COA Staff will update the Site Emergency Contact Information and Resource Summary for each contract agency by December 31, 1997.

5D. COA Staff will assist at least 15 COA contractors to become disaster shelters in the American Red Cross Shelter system by December 30, 1997.

5E. COA staff will participate in community-based emergency preparedness planning for senior consumers by working with the following collaborative organizations: Bay Area Emergency Preparedness Coalition for Seniors and People with Disabilities and San Francisco Collaborating Agencies Responding to Disaster (SF CARD) and will encourage COA contractors to participate in SF CARD throughout FY 1997-98.

5F. COA staff will participate in implementation efforts to establish the San Francisco Senior and Disabled Persons Disaster Registry by June 30, 1998.

5G. COA staff will prepare an MOU with the City and County Office of Emergency Service to designate the disaster response responsibilities of the COA by June 30, 1998.

5H. COA staff will assist contract agencies to prepare MOUs with FEMA and/or the American Red Cross regarding the reimbursement of emergency response expenses after a disaster by June 30, 1998.

5I. The COA will support SAN's efforts to establish special senior pedestrian crossing signs and to reduce red light running.

Goal #6: Alleviate The Impact Of Welfare Reform

To alleviate the impact of Welfare Reform legislation on senior and disabled consumers at-risk of losing government benefits that provide the safety net for maintaining a healthy, living existence within the community or within a long-term care facility.

RATIONALE

The enactment of the Welfare Reform Bill on August 22, 1996 dramatically and negatively changed the status and settled expectations of hundreds of thousands of legal permanent residents (LPRs) throughout our country. For the first time in recent history, the US Government is denying LPRs access to many of the public benefits that LPR's have subsidized and continue to subsidize through payment of taxes. Beginning January 1, 1997 and extending to August 22, 1997, many of the most vulnerable members of our community are at-risk for losing essential entitlements such as Supplemental Security Income (SSI), Medicaid, and Food Stamps provided to the elderly and disabled.

OBJECTIVES 1997-98:

6A. The COA Network will continue to take leadership in the development of the collaborative process necessary for community-based organizations to enable 10,000 elderly and disabled LPRs to become naturalized by June 30, 1998.

6B. The COA Network will assist with the collaborative process necessary for community-based organizations (CBOs) to assist 10,000 elderly and disabled LPRs who will lose government benefits to transfer to alternative benefits such as General Assistance (GA) by June 30, 1998.

6C. The COA Network will assist with the collaborative process necessary to augment food supplies and increase congregate and home-delivered meals available for elderly and disabled LPRs whose income is significantly reduced when going onto GA throughout FY 1997-98.

6D. The COA through its Advisory Council Legislative Committee will advocate for new government programs such as a special State SSI program and a Food Stamps program for LPRs who lose SSI, and will advocate to retain IHSS services for those that lose SSI by December 31, 1997.

6E. The COA will promote legislative proposals which increase funding for nutrition and USDA in order to provide more meals and food supplies to assist individuals who will lose government benefits due to Welfare Reform by June 30, 1998.

Goal #7: Improve Nutrition Program Targeting

To improve the targeting efforts in the nutrition program to reach low-income, minority and frail elderly.

RATIONALE

The Older American's Act directs AAA's to target services to meet the needs of low-income, minority, and frail elderly persons. While COA meets the 1990 Census data percentages for its combined nutrition programs (C1 and C2), the provision of services in each individual program could better target those in greatest need, including participation by low-income legal immigrant elders who will lose SSI benefits as a result of the 1996 Welfare Reform legislation.

OBJECTIVES

7A. The COA will develop additional nutrition program standards, including targeting, capacity building, and accessibility by June 30, 1998.

7B. The COA will collaborate with the citywide Hunger Work Group to enhance the meal service capacity of elderly nutrition programs to meet the needs of the at-risk seniors by June 30, 1998

7C. The COA will meet with nutrition and case management contractors to review the city's home-delivered meal system to ensure that it is both cost-effective and responsive to the ethnic and nutrition needs of the City's frail elderly by June 30, 1998.

7D. The COA will meet with nutrition and case management contractors to develop standardized procedures for client screening and assessment, including targeting issues, by June 30, 1998.

7E. The COA will use data from nutrition screening to refine targeting measures to ensure that nutrition services are provided to seniors most in need by June 30, 1998.

7F. The COA will conduct, by June 30, 1998, a survey of its nutrition contractors to determine if they are promoting effective targeting in the nutrition programs in preparation for the next Request for Proposal (RFP) cycle. The COA will use the findings to set funding priorities.

7G. The COA will explore methods of increasing the use of volunteers as meal deliverers in the ethnic Home-Delivered Meals programs as a cost-effective method for increasing participation by June 30, 1998.

7H. The COA will develop a Contractors Volunteer Profile, by June 30, 1998, and update it thereafter on a yearly basis, conduct a cost-benefit study of program volunteers, compile a fact sheet and draft a report on the utilization of volunteers by COA contractors.

Goal #8: Emphasize Preventive Health Programs

To place emphasis on preventive health care programs for older adults in San Francisco, working closely with the Department of Public Health, Consumer Education Department of City College, and community-based organizations by encouraging other health promotion programs including health/nutrition screening, nutrition counseling, and nutrition education.

RATIONALE

The purpose of the Title III Nutrition Program is to promote better health through improved nutrition. The COA has contracted with **thirteen** providers of nutrition services to the elderly, however, the nutrition benefit received by the program participant has never been evaluated. This goal meets the Title III part F mandate of the OAA amendments of 1992 and nutrition objectives of Healthy People 2000.

OBJECTIVES

8A. The COA will continue the coordinated efforts with the Consumer Education Department of City College to provide 300 units of nutrition education presentations to participants at 30 COA congregate meal sites by June 30, 1998.

8B. The COA will develop and maintain a database of information about nutrition and food service resources for use by COA nutrition contractors by June 30, 1998.

8C. The COA in collaboration with the nutrition contractors will, by June 30, 1998, develop one set of nutrition education lessons and handouts targeted to the seniors' needs as identified through a nutrition screening survey conducted in FY 1992-93. We have developed four sets and will increase the number of nutrition education sets developed to ten.

8D. The COA will develop a nutrition screening training manual which lists procedures for implementing the nutrition screening instrument by April 30, 1998.

8E. The COA will train nutrition site managers, volunteers, case managers, and other appropriate representatives on how and when to use the nutrition screening instrument and the importance of referral to appropriate health professionals for follow-up by June 30, 1998.

8F. The COA will form a citywide Nutrition Health and Social Services Network which will include all professionals who care for the health of older San Franciscans, by June 30, 1998. This network will focus its task on nutrition screening and interventions in all health and social services settings in the City.

8G. The COA will collaborate with San Francisco State University to develop a community-university model for integration of research, practice and education in elderly nutrition programs to identify seniors at nutritional risk and design appropriate intervention procedures by June 30, 1998.

Goal #9: Encourage Nutrition Providers To Use Environmentally Sound Methods

The COA will encourage the nutrition providers to utilize environmentally sound methods for managing their resources.

RATIONALE

Californians generate nearly 40 million tons of waste per year, more than any other State and more than any industrialized country in the world except the United States. Over 90% of solid waste generated in the State is disposed of in landfills or incinerated. However, both methods have been shown to produce a host of environmental problems. As a result, the State passed the Integrated Waste Management Act of 1989 (AB 939) which requires all City/County organizations to achieve 25% reduction in solid waste by 1995 and a 50% reduction by the year 2000.

OBJECTIVES

9A. The COA will analyze the nutrition contractors' waste management efforts and provide technical assistance to at least 50% of the nutrition providers in solid waste management by increasing recycling efforts and/or by taking steps in source reduction, by June 1998.

Goal #10: Enhance Nutrition Programs Capability Of Containing Costs/Maintaining Services

To enhance nutrition programs' capabilities to contain costs and maintain meal service levels within fixed funding levels through implementation of improved methods of group purchasing for food service products.

RATIONALE

With limited funding and continuing cost increases in food and supplies, the purpose of forming group purchasing is to increase the collective buying power of nutrition providers, guarantee prices for sustained periods of time regardless of outside factors, and achieve savings which enable providers to maintain or increase meal service levels or to allocate funds for other identified purposes which will augment the meal service productivity.

OBJECTIVES

10A. The COA will continue to coordinate the group purchasing with assistance from the Group Purchasing Ad Hoc Committee of the CASE Nutrition Committee to solicit a dairy products bid and a nonfood supplies bid by December 1997.

10B. The COA will collaborate with the nutrition contractors to continue to analyze and evaluate the cost effectiveness of central purchasing for food with Health Procurement Services Inc. (HPSI) by June 30, 1998.

10C. The COA will continue to work with HPSI to better serve the small agencies so that they can participant In the HPSI system fully and achieve desired cost savings by June 30, 1998.

Goal #11: Inclusion Of Disabled Senior Population

Ensure the full participation of the disabled senior population in: (1) all COA public meetings and hearings and (2) all subcontractors' programs, activities, services and employment unless doing so would pose an undue financial or administrative burden or would result in a fundamental alteration in the nature of the services provided.

RATIONALE

To comply with the requirements of Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA) of 1990 and with policies of the City and County of San Francisco.

OBJECTIVES (1997-98)

11A. COA will monitor all contracts to ensure ADA compliance throughout FY 1997-98.

11B. COA staff will continue to actively participate in organizations that work toward improving service coordination, planning and services for people with disabilities such as Paratransit Coordinating Council; Paratransit Coordination and Operations Committee; IHSS Public Authority; IHSS Task Force and the Bay Area Emergency Preparedness Coalition for Seniors and People with Disabilities throughout FY 1997-98.

11C. The COA staff will enforce its Accessible Meeting Policy and include the written policy on all agendas and workshop flyers for public meetings throughout FY 1997-98.

Goal #12: Document And Implement Improvements In Elder Abuse Reporting

To document and implement improvements in the coordination and the provision of elder abuse services in the City and County of San Francisco.

RATIONALE

It has been estimated that as many as 5,000 of San Francisco's elderly may be victims of physical abuse, financial exploitation, psychological abuse, and neglect each year.

OBJECTIVES (1997-98)

12A. The COA staff will continue to participate in the Consortium for Elder Abuse Prevention Steering Committee throughout FY 1997-98.

12B. The COA will attempt to maintain the FY 1996-97 level of COA-funded Elder Abuse Prevention Services throughout FY 1997-98.

EVALUATION

The COA has hired Consultant, Jim McCabe, to evaluate the first five Area Plan goals which pertain to the implementation of senior centrals. The COA's consultant will develop tools and instruments to measure qualitative and quantitative service outcomes and provide written instruments on how to utilize them. Envisioned outcome measurements will determine the following:

- progress toward accomplishing the "core functions" of the senior centrals
- progress toward accomplishing the "milestones" set forth in the Senior Services Plan
- value of the senior central model for service providers
- value of the senior central model for consumers
- quality of interaction between senior centrals and city departments
- the degree to which the development of the senior centrals has fostered communication, coordination, and collaboration in providing services to consumers

The COA's consultant will conduct more than 50 interviews and distribute another 100 surveys to senior central consumers. The COA's consultant will compile and present a summary report of the evaluation and recommendations for future implementation activities by Fall 1997.

Part Three

AREA PLAN ADMINISTRATIVE INFORMATION

SERVICE UNIT PLAN

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May 2, 1997

PART THREE: AREA PLAN ADMINISTRATION INFORMATION

SERVICE UNIT PLAN FY 1997-98

Note this Service Unit Plan utilizes the NAPIS (National Aging Program Information Service) Categories.

Indicate the number of units of service to be provided with ALL Funding sources, including federal funds, State funds, USDA, program income, and all local funds (i.e., list all units of service reportable through the MIS). Other units of service cannot be added since only the units of service listed under each program are allowable. Programs identified should be in the budget.

The right-hand column (Goals/Funds) provides the Area Agency with an opportunity to relate Title III funded services/programs to goal statements and funding levels. Use of this column is optional. Area Agencies are encouraged to relate the listed source of funds to goals identified either by name or number.

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TITLE III

#	Program	Goals/Funds (Optional)
1.	Personal Care* (In-Home)	Goal # 1, 2, 11
	Units of Service: 2,540 Hours	$62,769
2.	Homemaker* (In-Home)	Goal # 1, 2, 11
	Units of Service: 2,370 Hours	$58,176
3.	Chore* (In-Home)	Goal # 1, 2, 11
	Units of Service: 1,276 Hours	$32,150
4.	Home-Delivered Meals	Goal # 1,2,6,7,8,9,10,11
	Units of Service: 755,018 Meals	$3,567,808
5.	Adult Day Care/Health	Goal # 1, 2, 11
	Units of Service: 14,907 Hours	$513,475

6.	Case Management* (Access)	Goal # 1, 2, 11
	Units of Service: 23,749 Hours	$1,109,886
7.	Congregate Meals	Goal # 1,2,6,7,8,9,10,11
	Units of Service: 1,144,366 Meals	$6,992,795
8.	Nutrition Counseling	Goal # 1, 2, 8, 11
	Units of Service: 263 Hours	$ included in #7
9.	Assisted Transportation* (Access)	Goal # None
	Units of Service: 0	$ 0
10.	Transportation* (Access)	Goal # 1, 2, 4, 11
	Units of Service: 73,450 One-way rides	$591,885
11.	Legal Assistance	Goal # 1, 2, 11
	Units of Service: 14,304 Hours	$750,080
12.	Nutrition Education	Goal # 1, 2, 8, 11
	Units of Service: 1,067 Sessions	$54,634
13.	Information and Assistance* (Access)	Goal # 1, 2, 11
	Units of Service: 17,725 Contacts	$201,235
14.	Outreach* (Access)	Goal # 1, 2, 7, 11
	Units of Service: 27,500 Contacts	$643,167

*Indicate priority services

15. Other Services (Specify which)

Name	Units of Service	Amount	Goal No.
Community Services Activity Scheduling Translation Social Services Volunteer Hours** Volunteer Placements** Total Units	 62,632 hours 8,253 hours 34,111 hours 300,000 hours 1,620 placements 404,996 hours	$3,641,619	1, 2, 11
Elder Abuse Prevention	1,404 hours	$179,188 (Title VII)	1, 2, 11, 12
Health Screenings	1,500 screenings	$47,590	1, 2, 8, 11
Housing Placements	282 placements	$82,311	1, 2, 4, 11
Alzheimer's Day Care Resource Center	16,877 participant days 101 hours 83 sessions	$179,375	1, 2, 11
Brown Bag	40,800 food packets	$18,675	1,2,7,8,11
Foster Grandparents	12,528 hours	$31,693	1, 2, 11
HICAP	1,804 hours	$131,822	1, 2, 11
Linkages	275 hours	$152,231	1, 2, 11
Respite	50 placements	$8,000	1, 2, 11
Senior Companion	22,968 hours	$70,800	1, 2, 11

**Retired Senior Volunteer Program (RSVP) only

TITLE VII

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16. Ombudsman Services — Goal # 1, 2, 11

Total number of cases to be closed: 540

$128,000 (Title III)
$ 89,167 (Title VII)

Training for Ombudsman staff and volunteers

Number of sessions: 30
Number of hours: 120
Total number of trainees: 21

Resident visitation (other than in response to complaints)

Number of SNFs to visit: 22
Number of RCFEs to visit: 127

BUDGET

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May 2, 1997

AREA PLAN BUDGET

City & County of San Francisco Commission on the Aging

AREA AGENCY ON AGING _____

BUDGET PERIOD *July 1, 1997 - June 30, 1998*

[x] ORIGINAL BUDGET PSA NO. *6*

[ ] REVISION NUMBER:_____ DATE *04/30/97*

I hereby certify to the best of my knowledge and belief that this Area Plan Budget reflects the necessary, reasonable, and allowable costs to attain the objectives and goals expressed in the Area Plan. I further certify that this budget was reviewed by the Advisory Council and approved by the Board of Directors; that the budget was available for review by all interested parties and that the amounts displayed are accurate and correct including supporting schedules.

SIGNATURE OF AREA AGENCY DIRECTOR	PRINTED NAME	DATE
>	*David Ishida*	*04/30/97*

FOR STATE USE ONLY

COMMUNITY SERVICES ANALYST	DATE	SECTION MANAGER	DATE
≥		≥	

TITLE III PROGRAMS

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

COST CATEGORIES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III C-3 School-Based Nutr	(g) III D In-Home	(h) III F Elder Abuse Prev
1. Personnel (+)	CASH	1,325,329	1,132,286	193,043					
	IN-KIND								
2. Staff Travel (+)	CASH	3,000	3,000						
	IN-KIND								
3. Staff Training (+)	CASH	2,594	2,594						
	IN-KIND								
4. Equipment (+)	CASH								
	IN-KIND								
5. Consultants (+)	CASH	200,706	200,706						
	IN-KIND								
6. Food Costs (+)	CASH								
	IN-KIND								
7. Other Costs (+)	CASH	51,430	43,238	8,192					
	IN-KIND								
8. DIRECT AREA AGENCY COSTS (=)	CASH	1,583,059	1,381,824	201,235					
	IN-KIND								
9. Indirect or Grantee Allocated Costs (+)	CASH								
	IN-KIND								
10. TOTAL AREA AGENCY COSTS (=)	CASH	1,583,059	1,381,824	201,235					
	IN-KIND								
11. Cost of Contracted Services (+)	CASH	15,902,739		6,554,702	5,734,095	3,461,588		97,720	54,634
	IN-KIND	2,373,606		1,008,686	1,258,700	106,220			
12. TOTAL AREA PLAN COSTS (=)	CASH	17,485,798	1,381,824	6,755,937	5,734,095	3,461,588		97,720	54,634
	IN-KIND	2,373,606		1,008,686	1,258,700	106,220			
13. TOTAL CASH & IN-KIND		19,859,404	1,381,824	7,764,623	6,992,795	3,567,808		97,720	54,634

BUDGET SUMMARY - BUDGETED COSTS

TITLE III PROGRAMS

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

COST CATEGORIES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III C-3 School-Based Nutr	(g) III D In-Home	(h) III F Elder Abuse Prev
1. Personnel (+)	CASH	1,325,329	1,132,286	193,043					
	IN-KIND								
2. Staff Travel (+)	CASH	3,000	3,000						
	IN-KIND								
3. Staff Training (+)	CASH	2,594	2,594						
	IN-KIND								
4. Equipment (+)	CASH								
	IN-KIND								
5. Consultants (+)	CASH	200,706	200,706						
	IN-KIND								
6. Food Costs (+)	CASH								
	IN-KIND								
7. Other Costs (+)	CASH	51,430	43,238	8,192					
	IN-KIND								
8. DIRECT AREA	CASH	1,583,059	1,381,824	201,235					
AGENCY COSTS (=)	IN-KIND								
9. Indirect or Grantee Allocated Costs (+)	CASH								
	IN-KIND								
10. TOTAL AREA	CASH	1,583,059	1,381,824	201,235					
AGENCY COSTS (=)	IN-KIND								
11. Cost of Contracted Services (+)	CASH	15,902,739		6,554,702	5,734,095	3,461,588		97,720	54,634
	IN-KIND	2,373,606		1,008,686	1,258,700	106,220			
12. TOTAL AREA	CASH	17,485,798	1,381,824	6,755,937	5,734,095	3,461,588		97,720	54,634
PLAN COSTS (=)	IN-KIND	2,373,606		1,008,686	1,258,700	106,220			
13. TOTAL CASH & IN-KIND		19,859,404	1,381,824	7,764,623	6,992,795	3,567,808		97,720	54,634

BUDGET SUMMARY - BUDGETED COSTS

TITLE VII PROGRAMS

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

COST CATEGORIES		(a) Total Amount Budgeted	(b) VII Ombudsman	(c) VII Elder Abuse Prev	(d) VII Elder Rights/Legal	(e) VII Outreach, Counseling	(f)	(g)	(h)
1. Personnel (+)	CASH								
	IN-KIND								
2. Staff Travel (+)	CASH								
	IN-KIND								
3. Staff Training (+)	CASH								
	IN-KIND								
4. Equipment (+)	CASH								
	IN-KIND								
5. Consultants (+)	CASH								
	IN-KIND								
6. Food Costs (+)	CASH								
	IN-KIND								
7. Other Costs (+)	CASH								
	IN-KIND								
8. DIRECT AREA AGENCY COSTS (=)	CASH								
	IN-KIND								
9. Indirect or Grantee Allocated Costs (+)	CASH								
	IN-KIND								
10. TOTAL AREA AGENCY COSTS (=)	CASH								
	IN-KIND								
11. Cost of Contracted Services (+)	CASH	210,105	30,917	179,188					
	IN-KIND	58,250	58,250						
12. TOTAL AREA PLAN COSTS (=)	CASH	210,105	30,917	179,188					
	IN-KIND	58,250	58,250						
13. TOTAL CASH & IN-KIND		268,355	89,167	179,188					

BUDGET SUMMARY - BUDGETED FUNDING

TITLE III PROGRAMS

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

FUNDING SOURCES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III C-3 School-Based Nutr	(g) III D In-Home	(h) III F Disease Prev
1. USDA	CASH	1,050,535			631,059	419,476			
2. USDA Commodities	IN-KIND								
3. Non-Matching	CASH	2,383,552		1,692,755	343,359	337,869		9,569	
Contributions	IN-KIND	2,373,606		1,008,686	1,258,700	106,220			
4. State Funds	CASH	974,925		95,098	303,858	571,038		1,695	3,236
5. Matching	CASH	8,934,449	1,340,787	3,989,373	2,208,109	1,338,978		57,202	
Contributions	IN-KIND								
6. Grant Related Income	CASH	1,769,039		107,956	1,180,333	480,750			
7. Federal Funding	CASH	2,332,261		870,755	1,067,377	313,477		29,254	51,398
8. TOTAL AREA	CASH	17,444,761	1,340,787	6,755,937	5,734,095	3,461,588		97,720	54,634
PLAN FUNDING	IN-KIND	2,373,606		1,008,686	1,258,700	106,220			
9. TOTAL CASH & IN-KIND		19,818,367	1,340,787	7,764,623	6,992,795	3,567,808		97,720	54,634

TITLE VII PROGRAMS

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

FUNDING SOURCES		(a) Total Amount Budgeted	(b) VII Ombudsman	(c) VII Elder Abuse Prev	(d) VII Elder Rights/Legal	(e) VII Outreach, Counseling	(f)	(g)	(h)
10. USDA	CASH								
11. USDA Commodities	IN-KIND								
12. Non-Matching	CASH	159,053	8,285	150,768					
Contributions	IN-KIND	58,250	58,250						
13. State Funds	CASH	1,462	685	777					
14. Matching	CASH	18,933	7,021	11,912					
Contributions	IN-KIND								
15. Grant Related Income	CASH								
16. Federal Funding	CASH	30,657	14,926	15,731					
17. TOTAL AREA	CASH	210,105	30,917	179,188					
PLAN FUNDING	IN-KIND	58,250	58,250						
18. TOTAL CASH AND IN-KIND		268,355	89,167	179,188					

MATCHING CONTRIBUTIONS

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

SECTION A

MATCHING REQUIREMENTS — TITLE III PROGRAMS

ITEM	(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III C-3 School-Based Nutr	(f) III D In-Home	(g) III F Disease Prev	(h) Total
1. Costs to be Matched = Pg 1 Ln 13 minus Pg 3 Lns 1 thru 4	1,381,824	4,968,084	4,455,819	2,133,205		86,456	51,398	13,076,786
2. Required Matching Percentages	25%	10.53%	10.53%	10.53%	10.53%	10.53%	10.53%	
3. Minimum Required Match= Ln 1 X Ln 2	345,456	523,139	469,198	224,626		9,104	5,412	1,576,935
4. Required Local Public Agencies Matching Contributions = Ln 3 X 25%								394,234

SECTION B

AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS

Source	Cash	In-Kind	Total
Off Street Parking Tax & City & County of San Francisco General Fund	1,381,824		1,381,824
5. TOTAL (AT LEAST = LN 3 col (a))	1,381,824		1,381,824

SECTION C

LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

Source	Cash	In-Kind	Total
City & County of San Francisco Off Street Parking Tax	7,593,662		7,593,662
6. TOTAL (AT LEAST = LN 4 col (h))	7,593,662		7,593,662

ADEQUATE PROPORTION, USDA & TRANSFERS (EXCLUDING OTO)

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

SECTION A
ADEQUATE PROPORTION CALCULATION (Does not inelude OTO)

ITEM		Amount
1. Total Supportive Serviees Federal Share Page 10 Column (h)	+	870755
2. Less III B Ombudsman Federal Share Page 10 Column (h) Direet and Contraeted	-	28000
3. Equals III B Supportive Serviees Base Allocation	=	842755

Service Category	Federal Share	% of Base*		Approved Pereentage^
4. Information & Assistanee				
5. Case Management	8,981			
6. Assisted Transportation				
7. Transportation	400,650			
8. Outreaeh				
9. Total Aeeess	409,631	48.61%		
10. Personal Care				
11. Homemaker				
12. Chore				
13. Alzheimer's Day Care				
14. Total In-Home				
15. Legal Assistanee	433,124	51.39%		

* Total Federal share Divided by III B Base (line 3)
^ As Approved in the Area Plan

SECTION B
USDA ENTITLEMENT (Does not inelude OTO)

Congregate Nutrition	Number of Senior Meals	Rate	Entitlement Amount
12. July 1 to Sept 30	304,596	0.55	167,528
13. Oet 1 to June 30	842,784	0.55	463,531
14. Total	1,147,380		631,059
Home Delivered Nutrition	**Number of Senior Meals**	**Rate**	**Entitlement Amount**
15. July 1 to Sept 30	159,487	0.55	87,718
16. Oet 1 to June 30	603,196	0.55	331,758
17. Total	762,683		419,476

SECTION C
TRANSFER OF FUNDS AND USDA ADJUSTMENTS (Does not inelude OTO)

Fund	Current Budget Display	Inerease	Deerease	New Budget Display
18. III B Admin	82,306		82,306	
19. III B Ombudsman	69,505		41,505	28,000
20. III B Program	718,944	123,811		842,755
21. III C-1 Admin	95,637		95,637	
22. III C-1 Program	971,740	95,637		1,067,377
23. III C-2 Admin	28,088		28,088	
24. III C-2 Program	285,389	28,088		313,477
25. TOTAL FEDERAL	2,251,609	247,536	247,536	2,251,609
26. State B Ombudsman	55,371			55,371
27. State B Program	39,727			39,727
28. State C-1 Congr Admin	595		595	
29. State C-1 Congr Program	303,263	595		303,858
30. State C-2 Home Del Admin	158		158	
31. State C-2 Home Del Program	570,880	158		571,038
32. State D In-Home	1,695			1,695
33. State VII Ombudsman	685			685
34. State VII Elder Abuse Prev	777			777
35. TOTAL STATE	973,151	753	753	973,151
36. C-1 USDA	684,965		53,906	631,059
37. C-2 USDA	411,759	7,717		419,476
38. TOTAL USDA	1,096,724	7,717	53,906	1,050,535

SECTION D
JUSTIFICATION FOR TRANSFERS

PSA 6 wants to apply its allowable Federal & State admin allocations to contraeted serviees elderly whenever possible, not to administration.

TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

POSITION TITLE	%	Admin	%	Direct III B	%	Direct III C-1	%	Direct III C-2	%	Direct III C-3	%	Direct III D	%	Direct III F	%	Total Title III	%	Non-Title III
Commission Secretary	100	53,118													100	53,118		
Clerk Typist	100	74,176													100	74,176		
Accountants	100	82,111													100	82,111		
Senior Accountant	100	46,510													100	46,510		
Head Accountant	100	60,865													100	60,865		
Nutritionist	100	111,969													100	111,969		
Info & Asst Specialist			100	151,864											100	151,864		
Executive Director	100	81,119													100	81,119		
Specialist in Aging III	100	282,663													100	282,663		
Specialist in Aging IV	100	63,919													100	63,919		
Info Systems Administrator	100	62,953													100	62,953		
Commission & Advisory Council	100	8,700													100	8,700		
TOTAL SALARIES	100	928,103	100	151,864											100	1,079,967		
PAYROLL TAXES		54,825		13,410											100	68,235		
EMPLOYEE BENEFITS	100	149,358	100	27,769											100	177,127		
TOTAL PAID PERSONNEL		1,132,286		193,043											100	1,325,329		

SCHEDULE OF IN-KIND PERSONNEL COSTS

TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

POSITION TITLE	%	Admin	%	Direct III B	%	Direct III C-1	%	Direct III C-2	%	Direct III C-3	%	Direct III D	%	Direct III F	%	Total Title III	%	Non-Title III
TOTAL SALARIES																		
PAYROLL TAXES																		
EMPLOYEE BENEFITS																		
TOTAL IN-KIND PERSONNEL																		

TITLE VII PROGRAMS-DIRECT SERVICES

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

POSITION	%	VII Omb	%	VII Elder Abuse Prev	%	VII Eld Rg Legal	%	VII Outrch, Counseing	%		%		%		%	Total Title VII	%	Non-Title VII
TOTAL SA																		
PAYROLL																		
EMPLOYE BENEFITS																		
TOTAL PA PERSONN																		

AREA PLAN BUDGET
CDA 122 (2/96) Page 9

SCHEDULE OF IN-KIND PERSONNEL COSTS

TITLE VII PROGRAMS-DIRECT SERVICES

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

POSITION TITLE	%	VII Omb	%	VII Elder Abuse Prev	%	VII Eld Rg Legal	%	VII Outrch, Counseing	%		%		%		%	Total Title VII	%	Non-Title VII
TOTAL SALARIES																		
PAYROLL TAXES																		
EMPLOYEE BENEFITS																		
TOTAL IN-KIND PERSONNEL																		

SCHEDULE OF SUPPORTIVE SERVICES

BUDGET PERIOD: 7/1/97-6/30/98 | [x] ORIGINAL [ ] REVISION NO.: | GRANT NO.: 069798 | DATE: 4/30/97 | PSA NO.: 6

PROGRAMS	(a) Total Budgeted Costs	Non-Matching Contributions (b) Cash	(c) In-Kind	(d) State Funds	Matching Contributions (e) Cash	(f) In-Kind	(g) Grant Related Income	(h) Federal Share
PART I			DIRECT SERVICES					
Information & Assistance	201,235			39,727	153,316		8,192	
TOTAL PROGRAMS	201,235			39,727	153,316		8,192	
Program Development								
Coordination								
TOTAL PD&C								
TOTAL DIRECT SERVICES	201,235			39,727	153,316		8,192	
PART II			CONTRACTED SERVICES					
1. Personal Care (In-Home)*	55,375				55,375			
2. Homemaker (In-Home)*								
3. Chore (in-Home)*								
5. Adult Day/Health Care	513,475	115,407	55,931		257,137		85,000	
6. Case Management (Access)*	1,109,886	474,661	79,849		545,495		900	8,981
9. Assisted Transportation (Access)*								
10. Transportation (Access)*	591,885				191,235			400,650
11. Legal Assistance*	750,080	177,877	8,000		121,179		9,900	433,124
13. Information & Assistance (Access)*								
14. Outreach (Access)*	643,167	6,988	67,779		568,400			
15. Other Services:								
15a. Housing	82,311	9,498			72,813			
15b. Alzheimer's (In-Home)*								
15c. Security/Crime								
15d. Health	47,590	2,895			44,695			
15e. Mental Health								
15f. Comm Svcs/Senior Center Mgt	3,641,619	905,429	797,127		1,935,099		3,964	
15g. Employment								
15h. Consumer								
16. Ombudsman	128,000			55,371	44,629			28,000
TOTAL CONTRACTED SERVICES	7,563,388	1,692,755	1,008,686	55,371	3,836,057		99,764	870,755
TOTAL SUPPORTIVE SERVICES	7,764,623	1,692,755	1,008,686	95,098	3,989,373		107,956	870,755

*-Denotes Priority Services

Program numbering corresponds with the National Aging Program Information System (NAPIS)

SCHEDULE OF NUTRITION (III C-1 & III C-2), IN-HOME SERVICES FOR FRAIL ELDERLY (III D), & DISEASE PREVENTION (III F) PROGRAMS

BUDGET PERIOD: 7/1/96-6/30/97 [x] ORIGINAL [ ] REVISION NO.: GRANT NO.: 06/9697 DATE: 6/14/96 PSA NO.: 6

PROGRAMS	(a) Total Budgeted Costs	Non-Matching Contributions (b) Cash	(c) In-Kind	(d) State Funds	Matching Contributions (e) Cash	(f) In-Kind	(g) Grant Related Income	(h) Federal Share
III C-1 *								
7. Congregate Meals	6,992,795	974,418	1,258,700	303,858	2,208,109		1,180,333	1,067,377
12. Nutrition Education								
Total III C-1	6,992,795	974,418	1,258,700	303,858	2,208,109		1,180,333	1,067,377
*Includes USDA in Non-Matching Cash Contributions								
III C-2 *								
4. Home Delivered Meals	3,567,808	757,345	106,220	571,038	1,338,978		480,750	313,477
8. Nutrition Counseling								
12. Nutrition Education								
Total III C-2	3,567,808	757,345	106,220	571,038	1,338,978		480,750	313,477
*Includes USDA in Non-Matching Cash Contributions								
III D								
1. Personal Care								
2. Homemaker	97,720	9,569		1,695	57,202			29,254
3. Chore								
Total III D	97,720	9,569		1,695	57,202			29,254
III F								
8. Nutrition Counseling								
12. Nutrition Education	54,634			3,236				51,398
15i. Disease Prevention & Health Promotion								
Total III F	54,634			3,236				51,398

Program numbering corresponds with the National Aging Program Informatio System (NAPIS)

ASSURANCES

ASSURANCES

A. The area agency on aging assures that it shall:

1. Develop an area plan and carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. (305{c})

2. Submit for approval by the State agency a plan which meets all requirements specified in Section 306(a)(1) and (2). (306{a})

3. Specify annually in the area plan, as submitted or as amended, in detail the amount of funds expended for each such category of services (i.e., services associated with access to services, in-home services, and legal assistance) during the fiscal year most recently concluded. (306{a}{2})

4. Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating as such focal points multipurpose senior centers operated by organizations that have a proven record of providing services to older individuals that: (a) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 USC 2790) for fiscal year 1981 and did not lose the designation as a result of failure to comply with such Act; or (b) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs and that meet the requirements under section 675 (c)(3) of the Community Services Block Grant Act (42 USC 9904{c}{3}). (306{a}{6}{E})

5. Provide for the establishment and maintenance of sufficient numbers of information and assistance services to assure that all older individuals within the planning and service area covered by the plan will have reasonably convenient access to such services, with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of individuals with such disease or disorders). (306{a}{4})

6. Set specific objectives for providing services to older individuals with the greatest economic needs and greatest social needs, including specific objectives for providing services to low-income minority individuals, and include proposed methods of carrying out the preference in the area plan. (306{a}{5}{A}{I})

7. Include in each agreement made with a provider of any service under this title, a requirement that such provider will: (I) specify how the provider intends to satisfy the service needs of low-income minority individuals in the area served by the provider; (II) to the maximum extent feasible, provide services to low-income minority individuals in accordance with their need for such services;

and (III) meet specific objectives established by the area agency on aging for providing services to low-income minority individuals within the planning and services areas. (306{a}{5}{A}{ii})

8. Use outreach efforts that will: (i) identify individuals eligible for assistance under this Act, with special emphasis on: (I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals); (III) older individuals with greatest social need (with particular attention to low-income minority individuals); (IV) older individuals with severe disabilities; (V) older individuals with limited English-speaking ability; and (VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance. (306{a}{5}{B})

9. Ensure that each activity undertaken by the agency including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals. (306{a}{5}{c})

10. Perform for the planning and service area all of the activities specified in Sec. 306(a)(6)(A) through (S). (306{a}{6}{A}-{S})

11. Provide assurances that any amount received under Part D will be expended in accordance with such part. (306{a}{7})

12. Provide assurances that any amount received under Part E will be expended in accordance with such part. (306{a}{8})

13. Provide assurances that any amount received under Part F will be expended in accordance with such part. (306{a}{9})

14. Assure that the area agency on aging, in carrying out the State Long-term Care Ombudsman program under section 307 (a)(12) and 712, will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 1991 in carrying out such a program under this title. (306{a}{11} and 307 {a}{12})

15. Assure that the activities conform with: (i) the responsibilities of the area agency on aging, as set forth in this subsection; and (ii) the laws, regulations, and policies of the State served by the area agency on aging. (306{a}{13}{B})

16. Assure that it will: (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships; (B) disclose to the Commissioner and the State agency (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and (ii) the nature of such contract or such relationship; (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted

and will not result from such contract or such relationship; (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and (E) on the request of the Commissioner or the State for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. (306{a}{14}{A} through {E})

17. Assure that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. (306{a}{15})

18. Assure that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (306 {a}{16})

19. Assure that projects in the planning and service areas will reasonably accommodate participants, as described in section 307 (a)(13)(G). (306 {a}{17})

20. Assure that the area agency on aging will, to the maximum extent practicable, coordinate the services it provides under this title with services provided under title VI (306{a}{18}

21. Assure that (A) the area agency on aging will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits under this title, if applicable; and (B) specify the ways in which the area agency on aging intends to implement the activities. (306{a}{19})

22. Assure that case management services provided under this title through the area agency on aging will: (A) not duplicate case management services provided through other Federal and State programs; (B) be coordinated with services described in subparagraph (A); and (C) be provided by: (i) a public agency; or (ii) a nonprofit private agency that: (I) does not provide, and does not have a direct or indirect ownership or controlling interest in, or a direct or indirect affiliation or relationship with an entity that provides, services other than case management services under this title; or (II) is located in a rural area and obtains a waiver of the requirement described in subclause (I). (306 {a}{20})

23. Be [a] the leader relative to all aging issues on behalf of all older individuals in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving,

each community in the planning and service area. These systems shall be designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

[b] A comprehensive and coordinated community-based system described in paragraph (a) of this section shall: {1} Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue; {2} Provide a range of options; {3} Assure that these options are readily accessible to all older individuals: The independent, semi-dependent and totally dependent, no matter what their income; {4} Include a commitment of public, private, voluntary and personal resources committed to supporting the system; {5} Involve collaborative decision-making among public, private, voluntary, religious, and fraternal organizations and older people in the community; {6} Offer special help or targeted resources for the most vulnerable older individuals, those in danger of losing their independence; {7} Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community; {8} Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person; {9} Have a unique character which is tailored to the specific nature of the community; {10} Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future. (1321.53{a}, {b})

24. Use the resources made available to the area agency on aging under the Older Americans Act to finance those activities necessary to achieve elements of a community -based system set forth in paragraph (b) [of Section 1321.53]. (1321.53{c})

25. Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. (1321.53{3})

26. Assure access from designated focal points to services financed under the Older Americans Act. (1321.53{c})

27. Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points. (1321.53{c})

28. Consult with and support the State's Long-term Care Ombudsman Program. (1321.61{b}{4})

29. [Note deem any] requirement in Section 1321.61 to supersede a prohibition contained in the federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122. (1321.61{d})

30. Assure that individuals age 60 and over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. (1321.69{a})

B. The State agency, the California Department of Aging is assuring in the State Plan on Aging that the following requirements will be met. The State's assurance is based on area agency on aging compliance with certain federal statutes and regulations and State statutes including those identified below. Any area agency on aging which has a need for technical assistance in regard to such compliance should contact its assigned Community Services Analyst.

The area agency on aging assures that:

1. Such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the area agency on aging including any such funds paid to the recipients of a grant or contract. (307{a}{7}{A})

2. (i) no individual (appointed or otherwise) involved in the designation of the head of any subdivision of an area agency on aging, is subject to a conflict of interest prohibited under this Act; (ii) no officer, employee, or other representative of an area agency on aging is subject to a conflict of interest prohibited under this Act; and (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. (307{a}{7}{B})

3. (i) (It will) maintain the integrity and public purpose of services provided, and service providers, in all contractual and commercial relationships; (ii) Demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this Act by such agency has not resulted and will not result from such contract or such relationship; (iii) Demonstrate that the quantity or quality of the services to be provided under the plan will be enhanced as a result of such contract or such relationship. (307{a}{7}{C})

4. It will give consideration where feasible, in the furnishing of home-delivered meals, to the use of organizations which (i) have demonstrated an ability to provide home- delivered meals efficiently and reasonably; and (ii) furnish assurances to the area agency on aging that such organizations will maintain efforts to solicit voluntary support and that the funds made available under this title to such organizations will not be used to supplant funds from non-federal sources. (307{a}{13}{H})

5. It shall establish procedures that will allow nutrition project administrators the option to offer a meal, on the same basis as meals are provided to elderly participants, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany to meal sites older individuals who are eligible under this Act. (307{a}{13}{1})

6. In the case of purchase or construction, there are no existing facilities in the community suitable for leasing as a multipurpose senior center, [and that the] plans and specifications for the facility are in accordance with regulations

relating to minimum standards of construction, promulgated with particular emphasis on securing compliance with the requirements of the Act of August 12, 1968, commonly known as the Architectural Barriers Act of 1968. (307{a}{14}{B} and {C})

7. Any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the facility [multipurpose senior center] will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276a - 276a-5, commonly known as the Davis-Bacon Act), and the Secretary of Labor shall have, with respect to the labor standards specified in this clause, the authority and functions set forth in reorganization plan numbered 14 of 1950 (15 F.R. 3176; 64 Stat. 1267), and Section 2 of the Act of June 13, 1934 (40 U.S.C. 276c). (307{a}{14}{D})

8. It shall (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Commissioner; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. (307{a}{15}{A})

9. No legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Commissioner, that any grantee selected is the entity best able to provide the particular services. (307{A}{15}{B})

10. It shall, to the extent practicable, require that legal assistance furnished under the area plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals. (307{a}{15}{D})

11. It will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. (307{a}{15}{E})

12. [In carrying out services for the prevention of abuse of older individuals], it will conduct a program [other than such a program funded under Section 303(g)],

consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social services agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate. (307{a}{16}{A}, p.36-37)

13. If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, then the area agency on aging shall (A) utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (B) designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. (307{a}{20})

14. Its area plan shall, with respect to the fiscal year preceding the fiscal year for which the plan is prepared:

(a) identify the number of low-income minority older individuals in the planning and service area; and

(b) describe the methods used to satisfy the service needs of such minority older individuals. (307{a}{23})

15. It shall conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Sec. 306(a)(6)(I), for older individuals who:

(a) reside at home and are at-risk of institutionalization because of limitations on their ability to function independently;

(b) are patients in hospitals and are at-risk of prolonged institutionalization; or

(c) are patients in long-term care facilities, but who can return to their home if community-based services are provided to them. (307{a}{26})

16. It shall consult and coordinate in the planning and provision of in-home services under Section 341 of the Older Americans Act, with State and local agencies and private nonprofit organizations which administer and provide services relating to health, social service, rehabilitation, and mental health services. (307{a}{27})

17. Its area plan shall, with respect to the fiscal year preceding the fiscal year for which the plan is prepared, describe the methods used to satisfy the service needs of older individuals who reside in rural areas. (307 {a}{29})

18. Special efforts will be made to provide technical assistance to minority providers of services. (307{a}{32})

19. Funds received under Title III will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. (307{a}{38})

20. Preference in receiving services under this Title III will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (307{a}{39})

21. If the area agency on aging receives funds appropriated under section 303 (g) (for supportive services for caregivers) the area agency on aging will expend such funds to carry out part G. (307{a}{40})

22. Demonstrable efforts will be made: (A) to coordinate services provided under this Act with other State services that benefit older individuals; and (B) to provide multi generational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth intervention, juvenile delinquency treatment, and family support programs. (307{a}{41})

23. It shall prepare and submit to the State agency a report of the activities conducted with funds provided under this paragraph and the evaluation of such activities. (705{a}{7}{B}{iii})

24. All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services. (1321.17{f}{4})

25. It shall not fund program development and coordination activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans. (1321.17{f}{14}{I})

26. It shall, consistent with budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of supportive services to the general public for review and comment. (1321.17{f}{14}{ii})

27. It shall provide the State agency an explanation of how proposed expenditures for program development and coordination will have a direct and positive impact on the enhancement of services for older individuals in the planning and service area. (1321.17{f}{14}{iii})

28. Any amount received for a program under Title VII will be expended in accordance with the provisions of Title VII for that program. (Title VII)

C. The area agency on aging may not:

1. Require a provider of legal assistance under this part to reveal any information that is protected by attorney-client privilege. (1321.51{c})

2. Engage in any activity which is inconsistent with its statutory mission under the Act or policies prescribed by the State agency. (1321.53{c})

APPENDICES

APPENDICES

APPENDIX IA

==========

NOTICE OF INTENT FOR AREA AGENCY ON AGING
TO PROVIDE SPECIFIED OLDER AMERICANS ACT SERVICES

==========

The Department has determined that provision of the following specific Title III and Title VII services are considered part of an Area Agency on Aging's functions:

Information and Assistance (formerly information and referral); Case Management; Program Development and Coordination; Disease Prevention and Health Promotion; and Prevention of Elder Abuse, Neglect, and Exploitation. These services can be provided by the Area Agency because it has the leadership and mandated responsibility to meet the service needs of the targeted populations in the Planning and Service Area.

Area Agencies will receive authorization (through the Area Plan approval process) to provide these services for the four-year plan period on the basis of completion of this Appendix IA.

Check all applicable types of service	Check applicable Fiscal Year if this Notice of Intent is not for all four Fiscal Years of the Plan Period			
__X__ Title III B Information and Assistance	___FY 97-98	___FY 98-99	___FY 99-2000	___FY 2000-01
_____Title III B Case Management	___FY 97-98	___FY 98-99	___FY 99-2000	___FY 2000-01
_____Title III B Program Development and Coordination	___FY 97-98	___FY 98-99	___FY 99-2000	___FY 2000-01
_____Title III F Disease Prevention and Health Promotion	___FY 97-98	___FY 98-99	___FY 99-2000	___FY 2000-01
_____Title VII Prevention of Elder Abuse Neglect, and Exploitation	___FY 97-98	___FY 98-99	___FY 99-2000	___FY 2000-01

Please describe methods that will be used to assure that target populations throughout the Planning and Service Area will be served.

APPENDIX IB

==========

REQUEST FOR APPROVAL TO PROVIDE TITLE III DIRECT SERVICES

==========

Complete a separate Appendix IB for each type of service (do not include services identified in Appendix 1A) for which a request is made for approval to provide direct services for the four-year plan period.

Type of Service: Case Management

Basis of Exception to OAA 307 (a)(10):

_____Adequate Supply of Services

_X_More Economical Provision of Services/Comparable Quality

Check applicable Fiscal Years if this request is not for all four Fiscal Years of the Plan Period

_____FY 1997-98 _____FY 1998-99 _____FY 1999-2000 _____FY 2000-01

List and discuss the process followed and documentation available to support this request (add an asterisk to listed items which are provided as an attachment) and summarize the facts which support this request.

COA-funded Case Management Services are provided by: Bayview Network for Elders, Bernal Heights Neighborhood Center, Centro Latino de San Francisco, Episcopal Community Services, Meals on Wheels of San Francisco, North of Market Senior Services, On Lok 30th Street Senior Services, Salvation Army Senior Meals and Activities Program, San Francisco Senior Center and Self-Help for the Elderly. The COA has established this network of services at central locations. These contract agencies also provide additional Title III services such as congregate meals, community services and in-home supportive services.

The COA assures that these case management services provide for the individual's needs as the first priority in the selection and delivery of services, that the services will not be used as a promotional tool for other services provided by the agency and the case manager's actions are not driven by the necessity for the agency to draw down the resources through the provision of a particular service by the agency or affiliated agencies.

The COA will call a meeting with these contractor agencies to review the above assurances.

APPENDIX II

==========

PUBLIC HEARINGS

==========

Complete this section regarding public hearings conducted for the 1997-2001 Area Plan. Place an asterisk beside the hearings at which the Area Plan was provided in a language other than English and/or at which a translator was used during the hearing. Indicate any hearing held at a long-term care facility by entering (LTC) after the appropriate location:

Location	Date	Number Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discuss outreach efforts used in seeking out the institutionalized or homebound/disabled older individuals' input into the Area Plan:

Were proposed expenditures for program development and coordination discussed at the hearing?

_____Yes

_____No

_____Not Applicable

Were all interested parties notified of the public hearing and provided the opportunity at a public hearing to testify regarding the establishment of minimum percentages for adequate proportion in the PSA?

_____Yes

_____No

_____Not Applicable

Summarize the comments received concerning the establishment of minimum percentages for adequate proportion.

APPENDIX II cont'd

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PUBLIC HEARINGS

==========

Summarize other major issues discussed or raised at the public hearings.

List major changes in the Area Plan as a result of input from attendees at the hearings.

APPENDIX III

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GOVERNING BOARD

==========

Name/Title of Officers	Term Expires
Raymond de Portillo, President	01/15/01
Bernard Crotty, Vice-President	01/15/98
Julia Campbell	01/15/99
Pat Durham	01/15/01
Charles Levinson	01/15/00
Mary O'Connor	01/05/99
Veneracion Zamora	01/15/00

Number of Members of the Board _____7_____

APPENDIX IV

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ADVISORY COUNCIL
Older Americans Act Regulation § 1321.57

==========

Name/Title of Officers	Term Expires
John Horak, President	03/31/98
Frank Yee, 1st Vice President	03/31/98
Arthur Hurwith, 2nd Vice President	03/31/97
Anna Chun, Secretary	03/31/98

General Membership Characteristics:

	Number
Council Members (Total, including vacancies)	22 (5 vacancies)
Members 60+	11

	% of PSA's 60+ population	% on Advisory Council
Race/Ethnic Composition		
White	54%	53%
Hispanic	9%	12%
Black	9%	12%
Asian/Pacific Islander	27%	18%
Native American/Alaskan Native	.18%	5%
Other	.08%	-

Low-income Representative	____Yes	___X__No
Disabled Representative	____Yes	___X__No
Supportive Services Provider Representative	___X__Yes	____No
Health Care Provider Representative	___X__Yes	____No
Veteran Health Care Provider Representative (If Appropriate)	____Yes	___X__No
Local Elected Officers	____Yes	___X__No
Persons With Leadership Experience In The Private and Voluntary Sectors	___X__Yes	____No

Explain any "NO" answers:

Briefly describe the process designated by the local governing bodies to appoint advisory council members: *Eleven are appointed by the San Francisco Commission on the Aging through a nominating committee, which recommends candidates to the Commission. Eleven are appointed by the San Francisco Board of Supervisors (one by each of the eleven supervisors).*

APPENDIX V

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ACCESS, IN-HOME SERVICES, AND LEGAL ASSISTANCE

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Based on analyses by the Area Agency of needs assessment findings and resources available within the Planning and Service Area and discussions at public hearings on the Area Plan, the following minimum percentages of applicable Title IIIB funds have been identified for annual expenditure throughout the four-year plan period.

Category of Service	Percentage of Title IIIB* Funds To Be Expended 1997-2001
Access: (Outreach, Transportation, Information and Assistance, and Case Management)	48.61%
In-Home Services:	0%
Legal Assistance:	51.39%

In order to provide details about the amount of funds expended in 1995/96 or Access, In-Home Services and Legal Assistance, attach a copy of page 4 from your close-out document for 1995/96.

---

*Title III expenditure for Access Services, In-Home Services, and Legal Assistance are calculated based on the Title IIIB baseline allocation less Title IIIB administration and less Ombudsman.

ADEQUATE PROPORTION, USDA & TRANSFERS

GRANT PERIOD: 7/1/95-6/30/96	[ ] ORIGINAL [x] REVISION NO.: 1	GRANT NO.: 06-9596	DATE: 11/30/96	PSA NO.: 6

SECTION A

ADEQUATE PROPORTION CALCULATION

ITEM		Amount
1. Total Supportive Services Federal Share Page 10 Column (h)	+	900,738
2. Less III B Ombudsman Federal Share Page 10 Column (h) Direct and Contracted	-	28,000
3. Equals III B Supportive Services Base Allocation	=	872,738

Service Category	Actual Federal Share*	% of Base**		Approved Percentage^
4. Information & Assistance	0			
5. Case Management	30,941			
6. Transportation	403,794			
7. Total Access	434,735	49.81%		49.81%
8. III B In-Home	8,980			
9. Alzheimer's				
10. Total In-Home	8,980	1%		1%
11. Legal Assistance	450,384	51.61%		1

^As Approved in the Area Plan

SECTION B

AREA PLAN ADMINISTRATION (FEDERAL SHARE)

Fund	Final Budget Display	Federal Share Administration Costs (Pg 14)	Difference
12. III B Administration	4,000	4,000	0
13. III C-1 Administration	0	0	0
14. III C-2 Administration	0	0	0

SECTION C

USDA ENTITLEMENT

Congregate Nutrition	Senior Meals Served	Rate	Entitlement Amount
15. 7/1 to 9/30	287,300	0.578	166,059
16. 10/1 to 6/30	836,994	0.578	483,783
17. One-Time-Only USDA			
18. Total Title III C-1 USDA	1,124,294		649,842

Home Delivered Nutrition	Senior Meals Served	Rate	Entitlement Amount
19. 7/1 to 9/30	151,190	0.578	87,388
20. 10/1 to 6/30	514,237	0.578	297,229
22. Total Title III C-2 USDA	665,427		384,617

CHANGES IN ADEQUATE PROPORTION FOR 1997-1998

If the Area Agency indicates that the percent to be expended for a category of service is less than the percentage identified in FY 1996-97, the Area Agency shall provide the following information (use additional paper if required):

1. Demonstrate that service being provided for (category) in the PSA are sufficient to meet the need for the service within the PSA.

   Not Applicable

2. Provide documentation that prior notification of the Area Plan public hearings were given to all interested parties in the PSA and that the notification indicated that: a reduction was proposed; the proposed reduction would be discussed at the hearing; and all interested parties would be provided the opportunity to testify regarding the reduction.

   Not Applicable

3. Prepare and submit a record (e.g., a transcript of that portion of the public hearing[s] in which adequate proportion is discussed) documenting that the proposed reduction in funding for this category of service was discussed at Area Plan public hearings.

   Not Applicable

APPENDIX VI

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COMMUNITY FOCAL POINTS LIST

==========

Provide an updated list of designated community focal points and their addresses:

Senior Information and Referral is the primarily community focal point:

25 Van Ness Avenue, Room 650
San Francisco, CA 94102
(415) 626-1033

While Senior Information and Referral is the primary Community focal point (phone and drop-in) the I&R staff work closely with all the COA contract organizations and other senior services providers, providing information to help link older adults and care givers with available resources.

APPENDIX VII

Title III-B Multipurpose Senior Center (MPSC)
Acquisition and Construction* Compliance Review - 1980 to June 30, 1997 PSA #6

[X] No Title III-B funds have been used for MPSC Acquisition or Construction.

III Grantee And/Or Senior Center	Type Acq/Const	III-B Funds Awarded	% of Total Costs	Recaptureed Period MM/DD/YY Begins/Ends	Compliance Verification
ame: **Not Applicable** ldress:					
ame: ldress:					
ame: ddress:					
ame: ddress:					
ame: ddress:					
ame: ddress:					
ame: ddress:					

onstruction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or king modifications to, or in connection with, an existing facility which more than doubles the square footage of the original ility and all physical movements.

quisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as MPSC.

APPENDIX VII

Title III-B Multipurpose Senior Center (MPSC)
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lame: **Not Applicable** ddress:					
lame: ddress:					
lame: ddress:					
lame: ddress:					
lame: ddress:					
lame: ddress:					
lame: ddress:					

Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or aking modifications to, or in connection with, an existing facility which more than doubles the square footage of the original cility and all physical movements.

Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as n MPSC.

PPENDIX VIII

==========

CORPORATE ELDERCARE

==========

the Area Agency currently involved in corporate eldercare?

___Yes ___X__No If yes, please describe your activities.

the Area Agency planning to become or to continue to be involved in corporate eldercare?

___Yes ___X__No If yes, please describe your activities?

he Area Agency shall adhere to all the corporate eldercare requirements of the California Department f Aging. The Department is currently in the process of regulation development. Until regulations are nalized, all corporate eldercare activities should be consistent with Program Memos 90-57 and 91-38.

rea Agencies planning to initiate contracts should draft proposals as soon as possible to allow the epartment to work with the Area Agency to expedite the review and approval process.

TRANSMITTAL LETTER

ne 1997-2001 Area Plan for PSA 6 is hereby submitted to the California Department of Aging for pproval. The **(Governing Body)** supports the development of community-based systems of care and cognizes the responsibility within each community to establish systems in order to address the care eeds of older individuals and individuals with functional impairments, their families and caregivers.

(Signed) Raymond del Portillo — 5-7-97
Chairperson, Governing Board — Date
Raymond del Portillo

(Signed) [signature] — 5/7/97
Director, Area Agency on Aging — Date
David A. Ishida

he Area Agency Advisory Council has had the opportunity to participate in the planning process and to view and comment on the Area Plan.

(Signed) John J. Horak — 5/7/97
Chairperson, Area Agency on Aging Advisory Council — Date
John J. Horak

lease Note: The language used in this Transmittal Letter may also be used in local resolutions required or transmittal of the Area Plan.

ty and County of San Francisco
lie L. Brown, Jr., Mayor

Commission on the Aging
Marjorie Stern, President
Sandra Nathan, Executive Director
Darrick Lam, COA Director

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AREA PLAN 2001 - 2005

ACKNOWLEDGEMENTS

This City and County of San Francisco Area Plan 2001 – 2005 is the product of the hard work of many individuals and groups. The Commission on the Aging (COA), under the auspice of the Department of Aging and Adult Services, wishes to express appreciation to all who contributed their knowledge, time and expertise to the development of this plan.

The COA wishes to thank all members of the Ad Hoc Area Plan Needs Assessment Committee, including Stella Chu, Traci Dobronravova, Vera Haile, William Hollabaugh, Joanne Holland, Lee Jessor, Marie Jobling, Howard Levy, Rich Lipner, Frank Mok, David Newcomer, George Roosen, Ilene Shaw and Mary Twomey. These individuals offered their valuable time and provided excellent guidance for developing needs assessment criteria and investigating the unmet needs of San Francisco's at-risk seniors.

Participants of the various needs assessment focus groups, town hall meetings, and surveys provided invaluable insight into the needs of older adults in San Francisco. Without their participation, the goals and objectives in this report could not be developed. Betsy Eddy, Joanne Holland and David Newcomer provided excellent advice in the writing and editing of the report. Stella Chu, Maria Guillen and Karen Rosen assisted in gathering needs assessment data. Lawrence M. Ross patiently provided budget data and expertise in developing the service unit plan. Bill Aguilar was helpful in tracking down Countywide and Statewide information not always readily available. James Zhen Wang's meticulous data entry skills helped complete needs assessment analysis accurately and efficiently.

The COA staff, Advisory Council, and Commissioners offered excellent suggestions on the drafts they reviewed within a limited time. Nancy Giunta, MSW Intern from the University of California at Berkeley - School of Social Welfare, served as the lead person in providing excellent coordination for the development of the plan from the early stages through its completion.

Finally, the COA would like to acknowledge the many senior advocates and non-profit providers who work daily to ensure the diverse needs of San Francisco seniors' are addressed through an array of high quality services.

Sincerely,

Dr. Sandra Y. Nathan
Executive Director
Department of Aging and Adult Services

Darrick Lam
Director
Commission on the Aging

EXECUTIVE SUMMARY

The San Francisco Commission on the Aging (COA) presents this 2001-2005 Area Plan a the product of more than a year-long planning process. This planning process include participation from service providers, senior advocates, senior service consumers, ar community members. The COA took an innovative approach to developing this Area Pla compared with previous Area Plans. The needs assessment process was more extensiv than before, and the goals in the current Area Plan are broader than previous years' goal As a division of the San Francisco Department of Aging and Adult Services (DAAS), th Commission on the Aging will utilize this Area Plan as a foundation for the strategic pla currently being developed by the DAAS.

The following Area Plan consists of three parts. **Part One** consists of three sections. **Sectic A** provides a description of the demographics and physical characteristics of the Sa Francisco service area and provider network. This section briefly describes each service are involved in San Francisco's public aging network, including a brief discussion of the new implemented Department of Aging and Adult Services of which the COA is a division.

Section B describes the planning process involved in the development of this plan ar provides a methodology and results of the various needs assessment activities. The mo common needs identified through the needs assessment process included housin transportation, and home and community-based services (particularly in-home suppo services and case management). The results of each needs assessment activity are discusse followed by a summary of the overall findings. **Section C** describes the overall direction of th service planning area. Included in the discussion of the overall direction of the COA, th report briefly touches on the following areas: the need to target service delivery, the adequa proportion of Title IIIB funds, completion of the 1994-2000 Senior Services Plan, including th evaluation of the Neighborhood Senior Central program; the recent development of wo groups and advisory committees to guide planning; and the use of consumer-driven, targete collaborative approaches to implementing services.

Part Two of this report provides the Goals and Objectives of the COA for the next four year For this Area Plan, the COA decided to take a different approach and include all require objectives under three broad goals. The first goal focuses on developing an integrate services system that reflects the diversity of San Francisco. The second goal addresses th need for ongoing planning efforts to prepare San Francisco for the upcoming rise in deman for services. Finally, the goal to develop specific targeting methodologies is presented reduce access barriers for isolated older or disabled adults. The objectives developed to me these goals have been established to be time specific and measurable.

The final section, **Part Three** of the report provides the service unit plan and the Area Plar Budget for the current fiscal year.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS i
EXECUTIVE SUMMARY ii
INTRODUCTION v
PART ONE: AREA PLAN BACKGROUND 1
Section A: Setting the Stage 1
DESCRIPTION OF THE PLANNING AND SERVICE AREA 1
Physical Characteristics 1
Demographic Characteristics 1
Resources and Constraints 6
Description of the Service System 6
San Francisco Commission on the Aging (COA) 6
Programs Transferred from the State 21
Department of Human Services (DHS) 22
In-Home Supportive Services Public Authority 22
Department of Public Health (DPH) 23
Housing Authority and Mayor's Office of Housing 24
Public Administrator/Public Guardian/County Veterans Service Office 25
Recreation and Park Department 26
Muni/Paratransit 26
Police Department 26
Other Institutional and Community-Based Services 26
Description of the Area Agency on Aging 29
Mission Statement 31
Section B: Establishing Priorities 32
PUBLIC INPUT AND THE PLANNING PROCESS 32
Needs Assessment Plans for FY 2000-01 and FY 2001-02 32
Strategic Plan for Department of Aging and Adult Services 32
NEEDS ASSESSMENT, TARGETING AND IDENTIFICATION OF PRIORITIES 33
Needs Assessment Description 33
Building a Healthier San Francisco (Report by the NCCC) 35
Homeless Seniors Survey 35
Infrastructure Needs Survey 35
Unmet Needs Survey 35
Coming of Age Survey 36
Department of Finance Data and Archstone Foundation Report 36
Focus Groups – In-Home Supportive Services 36
Focus Groups - Social Workers in Senior Housing 37
Independent Living Resource Center Data 37
Information and Referral Statistics 37
Long-Term Care Integration Task Force Community Forums 38
Nutrition Assessments 38

Pedestrian Safety Report by the Department of Public Health 3
Survey of Case Managers 3
Town Hall Meetings 4
Overall Needs Assessment Findings 4
Senior Populations Targeted in Service Delivery 4
Adequate Proportion 4
Senior Services Plan 1994-2000 Completion 4
Formation of Work Groups and Advisory Committees 4
Evaluation of Senior Central Programs 4
Conclusion 4
Home and Community-Based Long-Term Care Services 4
Consumer-Driven Approach/Client as Customer 4
Target Population for Services 4
Collaboration/Accessibility 4
OVERALL DIRECTIONS 4
COA Funds as a Smaller Proportion of Contractor's Total Agency Budget 4
Services Growth 4
SENIOR SERVICES PLAN IMPLEMENTATION 4
Senior Central Planning 4
Housing 4
Nutrition 4
Transportation 4
Elder Abuse Prevention 4
Planning Issues for FY 2000-01 and Beyond 4
MIS Plan 4
PART TWO: AREA PLAN GOALS AND OBJECTIVES 4
PART THREE: AREA PLAN ADMINISTRATION INFORMATION 5
SERVICE UNIT PLAN FY 2000-01 5
BUDGET 5
ASSURANCES 7
APPENDICES 8
TRANSMITTAL LETTER 9

AREA PLAN FY 2001-2005
FY 2001-02
INTRODUCTION

The Area Plan is the end product of the planning process mandated by the Older Americans Act to ensure that a comprehensive and coordinated system of services is available for older persons. Each Area Agency on Aging must develop an Area Plan every four years based on the format prescribed by the State Unit on Aging. The California Department of Aging (CDA) provides an outline for the development of the Area Plan and specifically describes what must be included and what sections may be optional. The Commission on the Aging (COA) has chosen to include all optional sections.

The purpose of ***Part One**: Section A, Setting the Stage*, is to provide the public with a readable introduction to the COA service area and its service network. An overview is given of the physical characteristics of the service area, demographics of the potential client population, unique resources and constraints of the service area, and a broad description of the service network existing in San Francisco. This section provides the framework for setting priorities and developing goals and objectives.

Part One: Section B, Establishing Priorities, includes a discussion of how public input is part of the planning process, includes a description of the targeting policy for consumers served, describes the needs assessment process, and defines how priorities have been defined. This section describes the process used in establishing goals and objectives.

The COA needs assessment process for the 2001-2005 Area Plan was a collaborative effort on the part of the COA and several providers, key informants, and consumers from various service arenas. Needs assessment information was collected from various sources to target populations who may be at risk of isolation or deterioration. The priorities listed in this section are the result of these current needs assessments, current projections regarding the population growth of elders in San Francisco, and the outcomes of the implementation of the Senior Services Plan 1994 - 2000.

As the Area Plan guidelines stipulate, ***Part Two**: Area Plan Goals and Objectives* are derived from the needs assessment process, the targeting policy, and the adequate proportion/minimum percentage requirements.

The final section, ***Part Three**: Area Plan Administration Information*, includes the following components: *Service Unit Plan for FY2000-01*; the *Area Plan budget for FY 2000-01*; a

description of mandates for service delivery required by CDA and the Older Americans Act; and various *Appendices* required by the CDA.

The format for the Area Plan provides for updates in priorities and objectives in each year of the plan. The Area Plan is a flexible document that will change as the planning process continues. The COA considers the Area Plan an important document upon which to base the provision of aging services. When the abbreviation COA is used in the Area Plan, it refers to the seven Commissioners, the COA Advisory Council members, COA staff, as well as COA-funded service providers, volunteers and consumers. The plan is a result of all of these participants who work together to fulfill the Area Plan objectives. The COA network also includes advocacy organizations, city departments with programs for older people, and many other senior organizations in the city that do not receive COA funding but are an important part of the service network. The COA encourages input into the Area Plan, particularly from consumers, and from all the organizations listed above.

AREA PLAN FY 2001-2005

PART ONE: AREA PLAN BACKGROUND
Section A: Setting the Stage

DESCRIPTION OF THE PLANNING AND SERVICE AREA

Physical Characteristics

The City and County of San Francisco is designated as a single county Planning and Service Area, known as the San Francisco Commission on the Aging (PSA 6). The City and County of San Francisco is central to the Bay Area, a large metropolitan five-county region. Although geographically the smallest county in the state (46.1 square miles), San Francisco is recognized as the financial, retail and cultural center of Northern California. San Francisco is a port city situated on the northern tip of a peninsula bounded on the West by the Pacific Ocean, on the North by the Golden Gate, on the East by San Francisco Bay and on the South by San Mateo County.

For the 2000 Census, San Francisco is divided into 192 census tracts. Complete census information was unavailable at the time this report was written. Therefore the demographic data in this report are based on projections from the Department of Finance, unless otherwise stated.

Demographic Characteristics

According to projections by the California Department of Finance, the total population of the City and County of San Francisco in 2000 is 792,049. This is a 9% increase from the 723,959 total persons residing in San Francisco in 1990. According to the California Center for Long-Term Care Integration, the majority (60%) of the San Francisco population age 60 and older are ethnic/racial minorities.

Current population projections report that there are 151,330 persons age 60 and over in the City and County of San Francisco. This is 19% of San Francisco's total population, a percentage that is significantly higher than the state average of all of the 33 PSAs.

San Francisco has one of the most ethnically diverse populations when compared to cities worldwide. Projections of the county's population estimate the following ethnic/racial breakdown of the San Francisco population, all ages include: 40% White, 33% Asian/Pacific Islander, 16% Latino, 10% African-American, 0.3% Native American and 0.2% was classified as Other.

The over 60 population in San Francisco is 43% White and 57% ethnic/racial minorities. The largest minority group of persons age 60 and over is Asian/Pacific Islander (36%), followed by African-American (9%), Hispanic, (12%), American Indian, Alaskan Native or other (.3%) (See Table 1). This diversity in San Francisco's older population will continue to grow. Furthermore, the lesbian, gay, bisexual and transgender (LGBT) elderly population in the City is estimated to be at least 10% of the over 60 population or approximately 15,133 persons. Some estimates have placed this percentage as high as 24%. Additionally, the 60 and over population in San Francisco is composed of 57% (86,451) women and 43% (64,879) men. Women are a much larger majority of the elderly poor, those with long-term chronic illnesses and the elderly who live alone.

Over one-third (34.9% or 48,110) of the over 60 population are 75 years of age or over, which constitutes of 7% of the total San Francisco population. Table 2 shows the San Francisco population age 75 and over by race. Twelve percent of the persons age 60 and over are age 85 and over, or 2% of the total population. Table 3 shows the San Francisco population age 85 and over by race. About one-half (53%) of persons age 85 and over are White. The 85 and over age group is the fastest growing age group in the county, the State, and nationwide. By the year 2030, this percentage is expected to double to over 26,000 individuals, or 4% of the total population.

The Older Americans Act, as amended, states that the term "greatest economic need" means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. The percentage of the San Francisco population age 60 and over with incomes at or below 100 percent of the poverty level is 9.8% or 14,830 persons. According to a 1993 Older Women's League report, older women are twice as likely as men to live in poverty. Furthermore, older minority women have the highest poverty rates.

According to a 1999 report by the Northern California Council for the Community, the number of persons in San Francisco age 60 and over who live alone is 42,847 or 31.1% of the total senior population. Those who live alone and are over 65 number 36,262 or 34.4% of the over 65 population (74% or 26,714 are women and 26% or 9,548 are men). The 65 and over institutionalized population (living in skilled nursing facilities and residential care homes) equals 3,173 persons or 3%.

Approximately one quarter (22.9%) of San Franciscans age 65 and over reported that they have a mobility or self-care limitation.

According to the 1990 Census, 42,061 foreign-born persons of all ages entered San Francisco between 1987 and 1990. The total number of persons over age 65 who speak Spanish (2,908), the variety of Asian/Pacific Islander languages (14,939), or another language (2,525), and "do not speak English well or at all" is 20,372 or 19.33% of the over 65 population.

TABLE 1

SAN FRANCISCO POPULATION BY RACE/ETHNICITY AGE 60 AND OVER (unduplicated)				
RACE/ETHNICITY	TOTAL POPULATION	PERCENT OF TOTAL SF POPULATION	NUMBER 60+	PERCENT OF TOTAL 60+
White	317,214	40%	65,381	43%
Asian/Pacific Islander	264,820	33%	54,644	36%
Hispanic	128,205	16%	17,922	12%
African-American	79,095	10%	12,960	9%
American Indian/ Alaskan Native or Other	2,715	0.3%	423	0.3%
TOTAL	792,049	100%	151,330	100%

California Center for Long-Term Care Integration Population Data

TABLE 2

SAN FRANCISCO POPULATION BY RACE/ETHNICITY AGE 75 and OVER (unduplicated)		
RACE/ETHNICITY	NUMBER 75+	PERCENT OF TOTAL 75+
White	29,010	48%
Asian/Pacific Islander	19,097	32%
Hispanic	6,733	11%
African-American	4,969	8%
American Indian/Alaskan Native or Other	116	.2%
Total	59,925	100%

California Center for Long-Term Care Integration Population Data

TABLE 3

SAN FRANCISCO POPULATION BY RACE/ETHNICITY AGE 85 and OVER		
RACE/ETHNICITY	NUMBER 85+	PERCENT OF TOTAL 85+
White	9,439	53%
Asian/Pacific Islander	4,845	27%
Hispanic	2,198	12%
African-American	1,144	7%
American Indian/ Alaskan Native or Other	36	.2%
Total	17,662	100%

California Center for Long-Term Care Integration Population Data

Resources and Constraints

San Francisco stands out as a county that is a leader in the provision of local funding for community-based aging services. A 1978 ordinance of the San Francisco Board of Supervisors committed one-third of the local off-street parking fees and annual interest to aging service programs in the City. Since that time, this percentage has been reduced to approximately 20%, or one-fifth of off-street parking fees. In FY 2000-01, the total funding from this source was approximately $10 million.

The General Fund of the City and County of San Francisco contributes $1.6 million to the COA budget. General Fund resources are the major source for the Senior Central system. Federal funding through the Older Americans Act consists of $2.5 million, the California Department of Aging contributes approximately $900,000, and the United States Department of Agriculture contributes $1 million.

In FY 2000-01, the San Francisco Board of Supervisors approved a $2 million add-on budget item to the COA budget for COA Contractors' unmet infrastructure and service needs. At the time of this report, RFPs have been distributed to contractors for infrastructure funding. RFPs for unmet needs funding will be distributed in July 2001. COA contract agencies will have 12 months to spend this budget augmentation.

Description of the Service System

The City and County of San Francisco is considered to be a leader in aging services. In part, this is due to the efforts of many city officials and nonprofit sector leaders who have been committed to bettering the lives of elderly San Franciscans by providing funding and many innovative and effective service programs. Evidence of innovation within the last year has been the development of a new City Department, the Department of Aging and Adult Services, in July 2000. In response to recommendations from the San Francisco Board of Supervisors, the Controller's office, and the Mayor's Budget Office, San Francisco has consolidated several city departments into one newly established Department of Aging and Adult Services. The purpose of the consolidation is to provide San Francisco seniors with easier access to more streamlined services, less fragmentation and less duplication of services.

The Department of Aging and Adult Services consists of three divisions: the Commission on the Aging, Public Administrator/Public Guardian/County Veterans Service Office, and the LPS Mental Health Conservatorship Office. The Commission on the Aging will continue to function as the local Area Agency on Aging of San Francisco.

San Francisco Commission on the Aging (COA)

The Commission on the Aging (COA) acts as a contracting agency, having formal arrangements with forty-three community-based nonprofit and two public agencies to provide services to San Franciscans age 60 and over. (Attached are listings of COA contract agencies.) The majority of COA funding dollars for direct services support nutrition

programs (congregate and home-delivered meals) and senior center activities (community services). The Senior Information and Referral Program operates within the COA.

The COA has made a concerted effort to fund programs and services that target frail, low-income and the cultural/racial/ethnic minority groups of elders in the city, including the elderly lesbian, gay, bisexual and transgender (LGBT) community. There has been a conscious attempt to support multi-lingual and multi-cultural services in order to reduce barriers to services and improve access.

Commission on the Aging

PROFESSIONAL SERVICES CONTRACTORS
FY 2000-01

- Asian American Elderly Humanitarian Society
- Asian Law Caucus
- Bayview Hunters Point Multipurpose Senior Center
- Bernal Heights Neighborhood Center
- Catholic Charities
- Centro Latino de San Francisco
- Chinese Newcomer Service Center
- Episcopal Community Services
- Family Caregiver Alliance
- Family Service Agency
- Filipino American Council of San Francisco
- Golden Gate Senior Services
- Goldman Institute on Aging
- In Home Supportive Services Consortium
- International Institute of San Francisco
- Jewish Community Center of San Francisco
- Jewish Family and Children's Services
- John W. King Senior Center
- Kimochi, Inc.
- Korean Center, Inc.
- La Raza Centro Legal
- Laguna Honda Hospital (Work Order)
- Legal Assistance to the Elderly
- Mayor's Office of Housing (Work Order)
- Meals on Wheels of San Francisco, Inc.
- Mission Neighborhood Centers
- Network for Elders
- New Leaf Services for Our Community
- Nihonmachi Legal Outreach
- North of Market Senior Services
- On Lok Day Services
- Planning For Elders in the Central City
- Project Open Hand
- Public Transportation Commission (Work Order)
- Reality House West
- Russian American Community Services
- San Francisco Adult Day Services Network
- San Francisco Food Bank
- San Francisco Senior Centers
- Self-Help for the Elderly
- Senior Action Network - Housing & Empowerment
- Southeast Asian Community Center
- Visitacion Valley Community Center
- Western Addition Senior Citizen's Center
- YMCA of San Francisco

Memorandum

DATE: June 27, 2001

TO: California Department of Aging
Office of Mayor Willie L. Brown
San Francisco Board of Supervisors
Clerk of the Board of Supervisors
San Francisco Public Library

DOCUMENTS DEPT.
JUN 28 2001
SAN FRANCISCO
PUBLIC LIBRARY

FROM: Darrick Lam
COA Director

RE: **Amendment to Area Plan 2001-05**

Enclosed please find an amendment to the Area Plan 2001-05. There is an error in the original, which has already been sent to you. Please replace pages 8 – 18 with the pages provided. Thank you for your attention.

COA CONTRACTORS FUNDED FY 2000 – 01
(Amended 6-26-2001)

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
1. Asian American Elderly Humanitarian Society 935 Kearny Street San Francisco, CA *Richard Ow, Director*	(415)850-6444	Community Services	Maria Guillen Program Analyst
2. Asian Law Caucus 720 Market Street, Suite 500 San Francisco, CA 94102 ***Zenobia Lai, Executive Director*** ***Audee Kochiyama-Holman, Development Director***	(415) 391-1655 FAX 391-0366	Legal Services Naturalization Services	Maria Guillen Program Analyst
3. Bayview Hunter's Point Multipurpose Senior Services 1706 Yosemite Avenue San Francisco, CA 94124 ***George Davis, Executive Director*** ***Jessie Williams, Program Director***	(415) 822-1444 FAX 822-5327	Community Services Meal Site	Betsy Eddy Program Analyst **Stella Chu** **Nutritionist**
4. Bernal Heights Neighborhood Center 515 Cortland Avenue San Francisco, CA 94110 ***Mauricio Vela, Executive Director*** ***Karen Garrison, Sr. Services Director***	(415) 206-2140 FAX 648-0793	Case Management Community Services Meal Site	Karen Rosen Program Analyst **Linda Lau** **Nutritionist**
5. Catholic Charities of San Francisco 2255 Hayes Street, 4th Floor San Francisco, CA 94117 ***Brian Cahill, Interim Executive Director*** ***Sandra Lew, Operations Director***	(415) 592-9236 FAX 592-9301		Betsy Eddy Program Analyst
5a. OMI Senior Center 1948 Ocean Avenue San Francisco, CA 94127 ***Pat Smith, Program Coordinator***	(415) 587-1443 FAX 586-7960	Community Services Meal Site In-Home Supportive Services	Betsy Eddy Program Analyst **Linda Lau** **Nutritionist**
5b. San Francisco Adult Day Support 55 Farallones San Francisco, CA 94112 ***Patty Clement, Program Director*** **(Site Location at: 50 Broad Street)**	(415) 452-3500 FAX 452-3505	Adult Social Day Care	Betsy Eddy Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
6. Centro Latino de San Francisco 1656 - 15th Street San Francisco, CA 94103 ***Gloria Bonilla, Executive Director****	(415) 861-8758 FAX 861-8798 (415) 861-5566 (direct line)*	Case Management Community Services Congregate Meals Home-Delivered Meals Transportation Naturalization Services	Betsy Eddy Program Analyst **Stella Chu** **Nutritionist**
7. Chinese Newcomers Service Center 777 Stockton Street, Room 104 San Francisco, CA 94108 ***Teresa T. Wu, Executive Director***	(415) 421-2111 FAX 421-2323	Naturalization Services	Denise Cheung Program Analyst
8. Episcopal Community Services 201 Eighth Street San Francisco, CA 94103 ***Barbara Solomon, Executive Director***	(415) 863-3893 FAX 252-1743		Betsy Eddy Program Analyst
8a. Canon Kip Senior Center 705 Natoma Street San Francisco, CA 94103 ***Lolita Kintanar, Senior Center Director***	(415) 861-6801 FAX 487-3795	Case Management Community Services Meal Site	Betsy Eddy Program Analyst **Stella Chu** **Nutritionist**
9. Family Caregiver Alliance - CRC 690 Market Street, Suite 600 San Francisco, CA 94104 ***Kathleen Kelly, Executive Director*** ***Jennifer, Program Director****	(415) 434-3388 FAX 434-3508 (415) 434-6633 **ext. 314***	Respite Registry **(Send all Mail to Jennifer)**	Betsy Eddy Program Analyst
10. Family Service Agency of San Francisco 1010 Gough Street San Francisco, CA 94109 ***Lonnie Hicks, Executive Director*** ***Julia Chu, Senior Services Director***	(415) 474-7310 FAX 931-3773		Karen Rosen Program Analyst
10a. Family Service Agency of San Francisco 6221 Geary Boulevard, 3rd Floor San Francisco, CA 94121 ***Benson Nadell, Program Manager***	(415) 751-9788 FAX 751-9789	Ombudsman	Karen Rosen Program Analyst
10b. Family Service Agency of San Francisco 6221 Geary Boulevard, 3rd Floor San Francisco, CA 94121 ***Roy Earnest, Project Director***	(415) 751-9786 FAX 751-9787	Foster Grandparents Senior Companions	Karen Rosen Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
11. Filipino-American Council of San Francisco 3416 - 19th Street San Francisco, CA 94110 ***Alma Animo, Director***	(415) 626-0773 FAX 241-9314	Community Services Congregate Meals Home-Delivered Meals	Betsy Eddy Program Analyst **Stella Chu** **Nutritionist**
12. Golden Gate Senior Services Richmond Senior Center 6221 Geary Boulevard, 3rd Floor San Francisco, CA 94121 ***Nicholas Lederer, Executive Director***	(415) 752-6444 FAX 831-7370	Community Services Meal Site	Ilene Shaw Program Analyst **Linda Lau** **Nutritionist**
12a. Diamond Service Center 117 Diamond Street San Francisco, CA 94114 ***Betty Garvey, Program Coordinator***	(415) 863-3507	Meal Site	**Linda Lau** **Nutritionist**
13. Goldman Institute on Aging 3330 Geary Boulevard, 2nd Floor San Francisco, CA 94118 ***Nancy Brundy, Chief Program Officer***	(415) 750-4180 **Ext. 102** FAX 750-4179		Denise Cheung Program Analyst
13a. Alzheimer's Day Care Resource Center 3600 Geary Boulevard San Francisco, CA 94118 ***Cindy Kauffman, ADCRC Director***	(415) 750-5363 FAX 750-5323	Alzheimer's Day Care Resource Center Meal Site	Denise Cheung Program Analyst **Stella Chu** **Nutritionist**
13b. Center for Elderly Suicide Prevention/ Friendship Line 3330 Geary Boulevard, 3rd Floor San Francisco, CA 94118 ***Patrick Arbore, Director*** ***Heather Smith, Geriatric Social Worker*** The Friendship Line	(415) 750-4180 **Ext. 230** (415) 750-5346 (415) 752-3778	Community Services Information & Referral	Denise Cheung Program Analyst
13c. Consortium for Elder Abuse Prevention 3330 Geary Boulevard, 2nd Floor San Francisco, CA 94118 ***Mary Twomey, Director***	(415) 750-4180 **Ext. 220** FAX 750-4136	Elder Abuse Prevention	Denise Cheung Program Analyst
13d. Linkages 3626 Geary Boulevard San Francisco, CA 94118 ***E. Anne Hinton, Director***	(415) 750-4141 **Ext. 300** FAX 750-4196	Case Management	Denise Cheung Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
13e. District Wide Social Service Worker 3626 Geary Boulevard San Francisco, CA 94118 ***E. Anne Hinton, Director***	(415) 750-4141 **Ext. 300** FAX 750-4196	Neighborhood Senior Central District #5	Denise Cheung Program Analyst
13f. Social Service 3626 Geary Boulevard San Francisco, CA 94118 ***E. Anne Hinton, Director***	(415) 750-4141 **Ext. 300** FAX 750-4196	District Advisory Council District #1	Denise Cheung Program Analyst
14. In-Home Supportive Services Consortium 1370 Mission Street, 2nd Floor San Francisco, CA 94103 ***Margaret Baran, Executive Director***	(415) 255-2079 FAX 255-0679	In-Home Services	Ilene Shaw Program Analyst
15. International Institute of San Francisco 657 Mission Street, Suite 500 San Francisco, CA 94105 ***Margi Dunlop, Executive Director***	(415) 538-8100 **Ext. 215** FAX 538-8111	Naturalization Services	Besty Eddy Program Analyst
16. Jewish Community Center of S.F. 3200 California Street San Francisco, CA 94118 ***Sandee L. Blechman, Chief Executive Officer*** ***Gail Neer, Kosher Nutrition Program Director***	(415) 346-6040 FAX 346-4556 (415) 292-1262* FAX 474-1612	Congregate Meals Home-Delivered Meals *(Montefiore Senior Ctr.)	Ilene Shaw Program Analyst **Stella Chu** **Nutritionist**
17. Jewish Family and Children's Services Main Office 1710 Scott Street San Francisco, CA 94115 ***Anita Friedman, Executive Director***	(415) 561-1200 FAX 922-5938	Naturalization Services	Karen Rosen Program Analyst
Site Location: Jewish Family and Children's Services 2534 Judah Street San Francisco, CA 94122 ***Gayle Zahler, Director of Emigre Services***	(415) 449-2900 FAX 449-2901	Naturalization Services	Karen Rosen Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
18. John W. King Senior Center 590 Leland Avenue San Francisco, CA 94134 ***John W. King, Executive Director*** ***Subiani King, Program Director***	(415) 239-6233 FAX 239-2262	Community Services Meal Site	Karen Rosen Program Analyst **Stella Chu** **Nutritionist**
19. Kimochi, Inc. 1715 Buchanan Street San Francisco, CA 94115 ***Steve Nakajo, Executive Director*** ***Anna Sawamura, Program Director***	(415) 931-2294 FAX 931-2299	Adult Social Day Care Community Services Congregate Meals Home-Delivered Meals Transportation Senior Central	Maria Guillen Program Analyst Linda Lau Nutritionist
20. Korean Center, Inc. 1362 Post Street San Francisco, CA 94109 ***Youn-Cha Shin Chey, Exec. Director*** ***Young Shim, Program Manager***	(415) 441-1881 FAX 885-4155	Community Services Congregate Meals	Ilene Shaw Program Analyst **Linda Lau** **Nutritionist**
21. La Raza Centro Legal 474 Valencia Street, Suite 295 San Francisco, CA 94103 ***Anamaria Loya, Executive Director***	(415) 575-3500 FAX 255-7593	Legal Services	Maria Guillen Program Analyst
22. Laguna Honda Hospital 373 Laguna Honda Blvd San Francisco, CA 94116 ***Charles Rivera, Director*** ***Adult Day Health Center***	(415) 759-3360 FAX 759-3372	Alzheimer's Day Care Resource Center Congregate Meals	Denise Cheung Program Analyst **Stella Chu** **Nutritionist**
23. Legal Assistance to the Elderly 100 McAllister Street, Room 412 San Francisco, CA 94102 ***Howard Levy, Executive Director*** ***Corinne Parker, Program Director of HICAP***	(415) 861-4444 FAX 861-6458	HICAP Legal Services	Maria Guillen Program Analyst
24. Mayor's Office of Housing 25 Van Ness Avenue, Room 600 San Francisco, CA 94102 ***Marcia Rosen, Executive Director*** ***Anna Marie Avila, Housing Information System Manager***	(415) 252-3203 FAX 252-3140	Affordable Housing Database	Denise Cheung Program Analyst
25. Meals on Wheels of S.F. 1375 Fairfax Avenue San Francisco, CA 94124 ***Richard Lipner, Executive Director***	(415) 920-1111 FAX 920-1110	Congregate Meals at Post & Mason Case Management Community Services Home-Delivered Meals	Denise Cheung Program Analyst **Linda Lau** **Nutritionist**

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
26. Mission Neighborhood Centers 362 Capp Street San Francisco, CA 94110 ***Santiago Ruiz, Executive Director***	(415) 206-7747 FAX 647-6911	Community Services Meal Site	Denise Cheung Program Analyst **Linda Lau** **Nutritionist**
27. Network For Elders 1555-A Burke Avenue San Francisco, CA 94124 ***Shireen McSpadden, Executive Dir.***	(415) 647-5353 FAX 647-5904	Case Management	Betsy Eddy Program Analyst
28. New Leaf: Services for Our Community 1853 Market Street San Francisco, CA 94103 ***Joseph Neisen, Executive Director***	(415) 255-2936 FAX 255-2101	Community Services	Karen Rosen Program Analyst
28a. New Leaf: Outreach to Elders 1853 Market Street San Francisco, CA 94103 ***George Roosen, Program Co-Coordinator*** ***Valarie Hayden, Co-Coordinator***	(415) 255-2937 FAX 255-2101		Karen Rosen Program Analyst
29. Nihonmachi Legal Outreach 1188 Franklin Street, Suite 202 San Francisco, CA 94109 ***Dean Ito Taylor, Executive Director***	(415) 567-6255 FAX 567-6248	Legal Services Naturalization Services	Maria Guillen Program Analyst
30. North of Market Senior Services 333 Turk Street San Francisco, CA 94102 ***Jean Tokarek, Administrator*** ***Gay Kaplan, Executive Director***	(415) 885-2274 FAX 885-2344	Case Management Community Services Health Services Meal Site	Ilene Shaw Program Analyst **Linda Lau** **Nutritionist**
31. On Lok Day Services 1333 Bush Street San Francisco, CA 94109 ***Jennie Chin Hansen, Exec. Director***	(415) 292-8880 FAX 292-8745		Maria Guillen Program Analyst **Stella Chu** **Nutritionist**
31a. ***Valorie Villela*** ***Senior Services Director*** 225 - 30th Street San Francisco, CA 94131	(415) 550-2210 FAX 648-3957	Case Management Community Services Congregate Meals Home-Delivered Meals	Maria Guillen Program Analyst **Stella Chu** **Nutritionist**

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
32. Planning for Elders in the Central City 1370 Mission Street, 3rd Floor San Francisco, CA 94103 ***Marie Jobling, Executive Director***	(415) 703-0188 FAX 703-0186	Sr. Empowerment Program	Ilene Shaw Program Analyst
33. Project Open Hand 730 Polk Street San Francisco, CA 94109 ***Jim Illig, Director of Government Relations*** ***Julie Wasem, Program Manager***	(415) 447-2426 FAX 447-2490	Community Services Congregate Meals Home-Delivered Meals	Betsy Eddy Program Analyst **Linda Lau** **Nutritionist**
34. Public Transportation Commission MUNI Accessible Services Program 949 Presidio Avenue, Rm 2630 San Francisco, CA 94115 ***Annette Williams, Manager***	(415) 923-6142 FAX 923-6307		Karen Rosen Program Analyst
34a. Intelitran San Francisco Paratransit Broker 1449 Webster Street San Francisco, CA 94115 ***Marc Soto, General Manager***	(415) 351-7000 FAX 351-3134	Transportation	Karen Rosen Program Analyst
35. Reality House West 380 Eddy Street San Francisco, CA 94102 ***Magali Echevarria, Hotel Director***	(415) 673-7223 FAX 673-8617	Housing	Denise Cheung Program Analyst
35a. Caritas Management Corporation 1358 Valencia Street San Francisco, CA 94110 ***Ezra Strange, Property Manager***	(415) 647-7191 FAX 648-3919		
36. Russian American Community Services 300 Anza Street San Francisco, CA 94118 ***Nick Buick, Executive Director***	(415) 387-5336 FAX 387-5357	Community Services Congregate Meals Home-Delivered Meals Naturalization Services	Maria Guillen Program Analyst **Linda Lau** **Nutritionist**
37. The San Francisco Adult Day Services Network 50 California Street, Suite 200 San Francisco, CA 94111-4696 ***Lynne Perry, President/CEO***	(415) 772-7370 FAX 982-7169	Adult Day Health Care	Denise Cheung Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
38. San Francisco Food Bank 900 Pennsylvania Avenue San Francisco, CA 94107 ***Paul Ash, Executive Director*** ***Sean Brooks, Program Manager*** ***Diana Lane, Program Coordinator***	(415) 282-1900 FAX 282-1909	Brown Bag	**Stella Chu** **Nutritionist**
39. San Francisco Senior Center 890 Beach Street San Francisco, CA 94109 ***Bob Trevorrow, Executive Director***	(415) 775-1866 FAX 775-4020	Meal Site	Ilene Shaw Program Analyst **Linda Lau** **Nutritionist**
39a. San Francisco Senior Center (Downtown) 481 O'Farrell Street San Francisco, CA 94102 ***Mary Alice Stevenson, Branch Dir.***	(415) 771-7950 FAX 771-1135	Case Management Community Services Meal Site	Ilene Shaw Program Analyst **Linda Lau** **Nutritionist**
40. Self-Help for the Elderly 407 Sansome Street San Francisco, CA 94111 ***Anni Chung, President/CEO*** ***Helen Yuen, Director of Nutrition and Senior Centers***	(415) 982-9171 FAX 296-0313	Case Management Community Services DAC #3 Congregate Meals District Wide Social Service Worker #3, 7, 10 Home-Delivered Meals IHSS-Home Care Svc Naturalization	Denise Cheung Program Analyst **Linda Lau** **Nutritionist**
40a. Self-Help for the Elderly Alzheimer's Day Care Resource Center 408 - 22nd Avenue San Francisco, CA 94121 ***Betty Fung, Director of Adult Day Svcs***	(415) 666-1890 FAX 666-1899	Alzheimer's Day Care Resource Center	Denise Cheung Program Analyst
41. Senior Action Network 1370 Mission Street, 3rd Floor San Francisco, CA 94103 ***Bruce Livingston, Executive Director***	(415) 863-2033 FAX 703-0186	Sr. Affordable Housing Advocacy Program Sr. Empowerment Program	Ilene Shaw Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
42. Southeast Asian Community Center 875 O'Farrell Street San Francisco, CA 94109 ***Philip Tuong Duy Nguyen, Exec. Dir.***	(415) 885-2743 FAX 885-3253	Naturalization Services	Ilene Shaw Program Analyst
43. Visitacion Valley Community Center 50 Raymond Avenue San Francisco, CA 94134 ***Julie Kavanagh, Executive Director***	(415) 467-6400 FAX 467-3757		Karen Rosen Program Analyst
43a. Visitacion Valley Senior Center 66 Raymond Avenue San Francisco, CA 94134 ***Pat Crocker, Senior Center Director***	(415) 467-4499	Community Services Meal Site	**Linda Lau** **Nutritionist**
44. Western Addition Senior Citizens Service Center 1390-1/2 Turk Street San Francisco, CA 94115 ***Frederick Hubbard, Executive Director***	(415) 921-7805 FAX 931-1993	Community Services Congregate Meals Home-Delivered Meals	Karen Rosen Program Analyst **Stella Chu** **Nutritionist**
45. YMCA of San Francisco 44 Montgomery Street, Suite 770 San Francisco, CA 94104 ***Association Office***	(415) 391-9622		Karen Rosen Program Analyst
45a. Stonestown Family YMCA 333 Eucalyptus Drive San Francisco, CA 94132 ***Shirley Barksdale, Director of Senior Programs***	(415) 242-7115 FAX 759-9630	Community Services Meal Site	Karen Rosen Program Analyst **Linda Lau** **Nutritionist**
45b. Mission YMCA 4080 Mission Street San Francisco, CA 94112 ***Judy Martens, Director of Senior Programs***	(415) 452-7569 FAX 586-7480	Meal Site	Karen Rosen Program Analyst **Linda Lau** **Nutritionist**

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
46. Richmond Senior Central #1 c/o Family Service Agency 6221 Geary Boulevard San Francisco, CA 94121 ***Frank Mok, Director***	(415) 752-2815 FAX 752-9787	Senior Central	Karen Rosen Program Analyst
47. Western Addition/Marina Senior Central #2 Kimochi, Inc. 1715 Buchanan Street San Francisco, CA 94115 ***Shannon Smith, Program Coordinator***	(415) 567-3900 FAX 931-2299	Senior Central	Maria Guillen Program Analyst
48. Northeast Senior Central #3 Self-Help for the Elderly 407 Sansome Street San Francisco, CA 94111 ***May Wan, Program Coordinator***	(415) 438-4800 **(415) 982-9171** **Ext. 184** FAX 296-0313	Senior Central	Denise Cheung Program Analyst
49. Central City/Potrero Hill Sr. Central #4 North of Market Senior Services 472 Turk Street San Francisco, CA 94102 ***Joyce Jenkins, Program Coordinator***	(415) 931-6000 FAX 292-4901	Senior Central	Ilene Shaw Program Analyst
50. Mission/Bernal Heights/Noe Valley Buena Vista/Eureka Valley Senior Central #5 c/o On Lok 30th Street Senior Center 225-30th Street San Francisco, CA 94131 ***Rosario Ortiz, Project Director***	(415) 920-0588 FAX 648-3957	Senior Central	Maria Guillen Program Analyst
51. Bayview Hunter's Point Sr. Central #6 Network for Elders 1555-A Burke Avenue San Francisco, CA 94124 ***Marlene Harris, Program Director***	(415) 401-7200 FAX 647-5904	Senior Central	Betsy Eddy Program Analyst

AGENCY	PHONE	SERVICE PROGRAM	COA STAFF
52. Visitacion Valley/Portola/Excelsior Senior Central #7 Visitacion Valley Community Senior 50 Raymond Avenue San Francisco, CA 94134 ***Alice Smith, Project Director***	(415) 330-1789 (415) 330-8555* *Alice's direct line FAX 330-8559	Senior Central	Karen Rosen Program Analyst
53. OMI/St. Francis Woods/Miraloma Park Senior Central #8 1948 Ocean Avenue San Francisco, CA 94127 ***Tony Robert, Prog. Coordinator***	(415) 586-0450 FAX 586-4965	Senior Central	Betsy Eddy Program Analyst
54. Inner Sunset/Haight Ashbury Senior Central #9 Self-Help for the Elderly 1400 Irving Street San Francisco, CA 94122 ***Jane Kahan, Program Coordinator***	(415) 682-2810 (415) 682-2812 Ms. Kahan direct line) FAX 682-2814	Senior Central	Denise Cheung Program Analyst
55. Outer Sunset Senior Central #10 Self-Help for the Elderly 2451 Judah Street San Francisco, CA 94122 ***Mannie Thang, Program Coordinator***	(415) 682-2800 FAX 682-2805	Senior Central	Ilene Shaw Program Analyst

In accordance with the CDA Management Information System (MIS) program definitions, the COA funds the following services with Title III and Title VII monies.

Program No. 1,2, 3 - In-Home Services (MIS Report 18): The COA funds Self-Help for the Elderly to provide emergency in-home services to elders who need immediate, temporary in-home services.

Program No. 4 - Home-Delivered Meals: Home-delivered meals are provided in all neighborhoods by nine different providers. Many of the meals are specific to the needs of the various ethnic populations in the city. Meals on Wheels (MOW) is the largest and oldest of the providers. MOW provides two meals per day to clients. MOW manages the Clearinghouse for Home-Delivered Meals, a coordinating system for all such programs in San Francisco.

Program No. 5 - Adult Day Health/Social Day Care: The COA funds the San Francisco Adult Day Services Network to provide adult day health service subsidies to low-income elders who are not eligible for Medi-Cal and cannot pay the sliding fee scale; some funds also provide administrative support to the Network. The COA funds two agencies, Kimochi Inc. and Catholic Charities, to provide adult day support.

Program No. 6 - Case Management: The COA funds ten different Case Management programs. Providers target this service in specific neighborhoods. In addition, many senior centers offer components of case management services such as social service assistance to older persons.

Program No. 7 - Congregate Meals: The COA funds twelve nutrition providers, who offer congregate meal programs at 55 sites at different locations in San Francisco. A number of the sites are open seven days a week. A variety of ethnic meals (including Chinese, Japanese, Korean, Filipino, African-American, Latino, Russian and Kosher) are provided.

Program No. 8 - Nutrition Counseling: The COA funds counseling to homebound clients through two agencies.

Program No. 10 - Transportation: Paratransit Services through the Public Transportation Commission Muni Accessible Services Program serve all neighborhoods and provide wheelchair lift-van and group van transportation to disabled persons of all ages citywide.

Program No. 11 - Legal Services: The COA funds four agencies to provide legal services. In addition to legal service, staff from these organizations provide intake, advice and community education sessions to older persons.

Program No. 12 - Nutrition Education: More than 1,000 presentations are made annually to congregate meal program participants.

Program No. 13 - Information and Assistance: This service is the visible focal point of contact for seniors of San Francisco and one of the major entry points into the network of services for the elderly in the city.

Program No. 16 - Community Services: The COA funds community-based organizations to provide social and health-related activities and services. These centers function as major entry points into the network of home and community-based long-term care services for the elderly in the city.

Program No. 17 - Elder Abuse Prevention: COA funds provide administrative support to the Consortium for Elder Abuse Prevention, a program of the Goldman Institute on Aging.

Program No. 18 - In-Home Services: The COA funds administrative support for the Homecare Advocacy Program and for the In-Home Supportive Services (IHSS) Consortium. The Homecare Advocacy Program builds collaborative networks to eliminate service gaps between discharge from a healthcare institution and the delivery of in-home services. The IHSS Consortium provides in-home services through a network of community-based agencies.

Program No. 19 - Health Services: The COA funds one agency, North of Market Senior Services, to provide health screening primarily to seniors living in the Tenderloin area. In addition, many congregate nutrition sites and senior centers offer nutrition education sessions and preventive health screening activities such as blood pressure and cancer detection screening.

Program No. 20 - Housing: The COA funds one agency to provide housing placement services (including transitional housing and counseling) throughout the city, as well as a senior affordable housing advocacy program to promote the increase in affordable senior housing within the City and County of San Francisco.

Program No. 21 - Senior Central: The COA provides funding for the implementation of one-stop neighborhood access programs which form a collaborative basis among service providers in senior central districts to coordinate outreach, information and referral, and service delivery.

Program No. 24 - Ombudsman: The COA funds Family Service Agency to provide Ombudsman services for residents of skilled nursing facilities and residential care facilities in San Francisco. The Ombudsman Program staff and trained volunteers provide information, advocacy, and complaint resolution.

Program No. 25 - Naturalization: The COA provides funding to assist individuals at risk of losing SSI benefits to become naturalized. Assistance includes Intake and Assessment; Information and Referral; N-400 Applications; Preparation of Naturalization Application; ESL/Citizenship Classes; Legal Services; and Translation, Counseling and Support Services.

Program No. 26 – Senior Empowerment: During FY 1997-98, the COA began funding to one agency to provide training in senior leadership development and one agency to provide training to senior consumers on federal and state entitlement programs and local resources.

Program No. 27 – Adult Day Health Care Enhancements: The COA contracts with the Adult Day Services Network, which represents licensed adult day health centers, to assist

older persons attending Adult Day Health Services with enhancements to the prescribed program services.

Programs Transferred from the State

As of July 1, 1997, the COA began contract oversight of the following programs previously monitored by the CDA. The COA plans to continue oversight of these programs.

Alzheimer's Day Care Resource Center (ACDRC) program provides specialized day care at three sites for individuals with Alzheimer's disease and related dementia; provides respite and support for their family members and caregivers; and delays institutionalization of individuals afflicted with the disease.

Brown Bag program provides opportunities for sponsors and volunteers to distribute donated food to help meet the nutritional needs of low-income seniors.

Foster Grandparents program provides stipend volunteer community service opportunities to low-income seniors to mentor children with physical, developmental or behavioral needs.

Health Insurance Counseling and Advocacy Program (HICAP) provides Medicare beneficiaries and soon to become beneficiaries with counseling and advocacy regarding Medicare, private health insurance, and related health care coverage plans.

Linkages/Respite Purchase program provides comprehensive and timely information, one-time only assistance in securing community services when necessary, and short-term specialized assistance and case management to frail or functionally-impaired adults age 18 and older in order to maximize independent living.

Respite Registry program provides relief to caregivers of frail elders or functionally impaired adults; recruits and screens providers; and matches respite providers to clients.

Senior Companion program provides low-income older individuals stipend volunteer community service opportunities to assist the frail elderly and/or, physically, mentally or neurologically impaired adults. Senior companions cannot be assigned to individuals already receiving IHSS.

In addition to the COA, other city agencies play a role in funding and supporting services for San Francisco's elderly population. These include the Department of Human Services (DHS), Department of Public Health (DPH), Housing Authority and Mayor's Office of Housing, Public Administrator/Guardian/County Veterans Service Office, Mental Health Conservatorship Office, Department of Recreation and Parks, and Muni/Paratransit. Senior programs funded by these agencies are described below.

Department of Human Services (DHS)

The Adult Services Program, within DHS administers the IHSS Program and Adult Protective Services (APS). DHS also administers the State Medi-Cal program for San Francisco low-income residents.

For the provision of IHSS, in addition to independent providers hired by the client, DHS contracts with a private for-profit organization (Addus) and a coalition of community-based nonprofit organizations (IHSS Consortium) to provide in-home supportive services to frail elders and functionally impaired individuals. These services include homemaker/chore and personal care services (meal preparation, cleaning, and personal grooming).

DHS contracts with the IHSS Consortium to provide case management and trained in-home workers who reflect the language and culture of the client. The approach is a new model of service, which has been found to be an effective means to better serve populations that have linguistic and cultural barriers to service. The participating Consortium agencies are: Kimochi, Inc., Western Addition Senior Citizen's Services Center, Bayview Hunters Point Multipurpose Senior Center, Mission Neighborhood Center, Jewish Family and Children's Services, Self-Help for the Elderly, and North of Market Senior Services.

APS assists elderly and dependent adults in physical, emotional or financial abuse situations. The San Francisco Consortium for Elder Abuse Prevention, a coordinated service network of 75 agencies, may also consult with APS and provide services to cases shared in common. Furthermore, the Consortium provides back-up, training, technical assistance and support to agencies in the city so that they may serve their own clients who have been abused.

In FY 2001-02, APS will be transferred from the DHS to the new Department of Aging and Adult Services (DAAS); in FY 2002-03, IHSS will come under the DAAS.

In-Home Supportive Services Public Authority

In May 1995, the San Francisco Board of Supervisors passed an ordinance, which created the San Francisco IHSS Public Authority. This public agency , which is managed by its own governing body, oversees the independent provider service delivery system within the IHSS program. Since implementation, the IHSS Public Authority has negotiated with independent provider union representatives to provide the highest hourly wage in California. In addition, many IHSS independent providers have become eligible for health and dental benefits.

The IHSS Public Authority:

1. Administers the independent provider mode of service delivery at the County level.

2. Serves as the "employer of record" for IHSS independent providers for the purpose of collective bargaining.

3. Operates a Central Registry that assists IHSS consumers in hiring a home care worker by screening IHSS workers and listing information about workers, including their qualifications, language skills and availability. The Central Registry also assists IHSS workers by providing information about job availability, and helping IHSS workers to piece together full-time employment from disparate job sites. IHSS consumers retain the right to choose their own workers.

4. Through the use of the Central Registry, provides training, advocacy, and other support services to IHSS workers and consumers.

The IHSS Public Authority has an eleven-member board, a majority of whom represent consumers of personal assistance services. Members include one home care worker; one Commissioner each from the Human Services, Health, and Aging Commissions; and one member from the Mayor's Disability Council. The IHSS Public Authority is funded with federal, State and local funds.

Department of Public Health (DPH)

DPH provides health and health-related services to seniors throughout the city. The total DPH budget is $740 million[1].

Services are provided to seniors within the Department's two divisions: the Community Health Network (CHN) and Public Health (PH). CHN provides a continuum of personal health care services such as primary health care, specialty care, acute care, emergency services, forensic services, skilled nursing care, adult day health care, in-home health care and hospice services. PH provides population-based services including population health status assessment, planning and advocacy, public health nursing, health and mental health promotion, education and outreach services, community-based prevention programs, environmental health services, occupational health services, and communicable disease surveillance and treatment. In addition, PH is responsible for purchasing mental health and substance abuse services for seniors through community-based organizations.

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1 San Francisco Department of Public Health website. April, 2001.

Seniors are served in all of the programs of DPH as reflected above. In addition, the DPH offers certain programs that target the special needs of seniors. These include North of Market Senior Services, North and South of Market Adult Day Health Care, Senior Alcohol and Drug Treatment Program, Preventive Health Care for the Aging, Breast and Cervical Cancer Control Program, Community Injury Prevention Program for Seniors (CHIPPS), OMI Wellness Center, "Health at Home" (home health agency services) and Geriatric Mental Health Services.

The Department manages Laguna Honda Hospital, the largest acute care skilled nursing facility in the country with approximately 1,200 beds. Laguna Honda Hospital operates an adult day care center, an Alzheimer's day care resource program, a congregate meal program, hospice care and pastoral care. The hospital will be rebuilt with funding in part from the Tobacco Resettlement Funds ($12.7 million), local Bond Measure ($299 million) and HUD ($693,750). The construction is anticipated to be completed by FY2008-09.

Housing Authority and Mayor's Office of Housing

The San Francisco Housing Authority (SFHA) serves low-income residents by providing affordable housing. The Housing Authority currently manages some 6,000 units of public housing in over 48 developments located throughout the city. The 16th largest agency in the nation, it provides over 25,000 low-income residents with affordable housing. SFHA developments are home to more than 2,200 seniors and disabled citizens. The rest are family developments.

The average annual income of a Housing Authority family is under $10,000. The Housing Authority derives its revenues from rents, federal grants and subsidies. The operating budget of the Housing Authority is approximately $35 million.

As housing continues to be in tremendous demand, a total of 13,961 households were on the waiting list for public housing at the close of 1999. An additional 4,300 were waiting for Section 8 housing.

There are 22 senior buildings. A senior consumer who applies for a housing unit faces a wait of four years or more. In recent years, the Housing Authority has focused on providing tighter security for residents, providing improved maintenance programs, and assisting in the organization of active tenants' associations.

The Mayor's Office of Housing (MOH) administers funding programs for housing and housing development. The four major programs that the Mayor's Office offers for low-income seniors include:

- The MOH database, an internet-based housing resource database for low-income and subsidized housing

- Affordable Rental Housing Units:

  The Mayor's Office provides funds for nonprofit housing development corporations to develop senior housing projects. Funds are derived from a combination of revenue streams including Federal Section 202, City General Revenue Funds, and low-income tax credits from developers.

Community Housing Rehabilitation Program:

This program is a block grant concept whereby loans are provided up to $49,999 for housing code upgrades to low-income senior and disabled owner occupied homeowners in target area and citywide.

Code Enforcement and Rehabilitation Fund Program:

This program provides grants up to $15,000 for minimal emergency repairs citywide to low-income owner occupied homeowners.

Public Administrator/Public Guardian/County Veterans Service Office

The Public Administrator Office within the recently consolidated Department of Aging and Adult Services is responsible for the probate of the estates of residents who die intestate or without available family members. The County Veterans Services Office provides benefit counseling services to all county veterans, dependents and survivors.

The Public Guardian serves as probate conservator of person and/or estate for geriatric and developmentally disabled adult residents of San Francisco. Priority is given to seniors in the community at-risk of financial or physical abuse. The Public Guardian Representative Payee Division serves mentally ill residents in locked psychiatric facilities and community resident adults who have mental health case managers.

Mental Health Conservatorship Office

The Mental Health Conservatorship Office (MHC) operates under the Lanterman-Petris-Short (LPS) Act, providing LPS conservatorship investigation and permanent LPS conservatorship for persons gravely disabled due to mental illness, and unwilling or incapable of accepting voluntary treatment. The MHC is also one of the three divisions of the recently consolidated Department of Aging and Adult Services.

San Francisco has the highest rate of conservatees in the state. MHC has about 1,500 unduplicated cases annually. Referrals to the office come from psychiatric inpatient units of local hospitals. An increasing number of conservatorships are originating from the criminal court. Approximately 25% of the cases are for individuals 65 years of age and older.

Recreation and Park Department

The Recreation and Park Department funds two senior centers - Golden Gate Park and Rosa Parks Senior Centers to provide recreational activities. In addition, the Department coordinates 20 weekly senior groups at recreation centers throughout the city and sponsors major events for seniors.

Muni/Paratransit

Muni's Accessible Services Program oversees fixed-route and paratransit services for San Francisco. Paratransit services are available for persons unable to access fixed route services. Paratransit services include lift-van for individual trips by wheelchair users, group van for ten or more persons transported to a common site, taxi scrips for ambulatory individuals and ramped taxi service. These services are disability-based. Funding for the Paratransit Broker is provided by the Public Transportation Commission, SF Transportation Authority and the COA. The COA funds group van services to senior meal sites, shopping trips and recreation and individual trips for seniors who are not eligible for services under Americans with Disabilities Act guidelines.

Police Department

The San Francisco Police Department sponsors the Senior Escort Program. This program provides personal and group escorts in addition to information and referral.

Other Institutional and Community-Based Services

Other important institutional and community-based services providing an array of services to elders in the city include[2]:

> ***Hospitals***: There are seventeen acute care hospitals in San Francisco. The majority of hospitals in the city are involved in providing services for the elderly.
>
> ***Nursing Homes***: There are twenty-six skilled nursing facilities and hospitals with skilled nursing facility beds in the city. There are 3,427[3] skilled nursing beds in San Francisco.

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2 Unless otherwise noted, all resource information was collected from the San Francisco Commission on the Aging Resource Directory.

Home Health Agencies: There are 33 agencies that provide home health care, homemaker chore or home health aide services.

Residential Care Facilities for the Elderly: There are 106 licensed residential care facilities for the elderly in San Francisco[4].

Case Management: Twenty-one geriatric case management programs facilitate access to and the coordination of services for elders in San Francisco.

Adult Day Health Care Centers: Ten Adult Day Health Care Centers (ADHC) are strategically located throughout the city, making San Francisco the first in the country to have a citywide adult day health care network. The centers are responsive to the diverse ethnic and language requirements of participants in each neighborhood.

One of the **model programs** for long-term care services in the city is *On Lok,* a Program of All-inclusive Care for the Elderly (PACE). This program provides the full range of needed health and social services for its participants on an at-risk capitated basis. It is a "one-door" entry program to long-term care services. Two projects modeled after On Lok were started in FY 1996-97.

Alzheimer's Programs: There are three Alzheimer's Day Care Resource Centers in the city. These are operated through the Goldman Institute on Aging, Laguna Honda Hospital and Self-Help for the Elderly. St. Mary's Hospital offers a Saturday Alzheimer's Respite program. There are also several Alzheimer's related support groups operating through various organizations and associations throughout the City.

Respite Services: Some community-based organizations, skilled nursing facilities, hospitals, ADHCs, residential care facilities and home health agencies in the City offer respite care.

Senior Centers: There are 111 senior centers and clubs that provide social/recreational/educational programs throughout the City.

Adult Social Day Care Programs: There are six agencies providing social day care services for seniors.

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3 California Advocates for Nursing Home Reform, May 2001.
4 San Francisco Ombudsman Program, May 2001.

San Francisco is also the site of many *state demonstration projects* designed to provide community-based long-term care services to the elderly. These include the Multipurpose Senior Services Program (MSSP), Linkages, the Health Insurance Counseling and Advocacy Program (HICAP), Independent Living Resource Center and the Family Caregiver Alliance (sponsoring agency of the Caregiver Resource Center).

San Francisco has several major study and educational institutions that further gerontological studies. These include the University of California, San Francisco Institute for Health & Aging (an academic research center studying public policy and issues affecting health care and aging); the Goldman Institute on Aging; and the San Francisco State University Gerontology Program.

It is critical to highlight the work of the Coalition of Agencies Serving the Elderly (CASE) and the Senior Action Network (SAN). CASE is composed of over 100 agency and individual members. In addition to the more nationally known advocacy groups that exist in San Francisco (Gray Panthers, Older Women's League), CASE plays a central role in advocating for San Francisco's elderly and has been instrumental in creating community-based organizations that target elder issues (e.g. Consortium for Elder Abuse Prevention).

Senior Action Network (SAN) is a citywide coalition with a membership of nearly 2,000 individuals and 130 organizations representing over 30,000 persons. It seeks to mobilize seniors on issues affecting their quality of life, including health care, crime prevention, and transportation. SAN recruits and offers training and skills to seniors so they can better achieve their goals.

In San Francisco, numerous coalitions and consortiums function to bring service providers together for the purpose of program planning, service provision, advocacy, and education. Included among them are CASE, the Consortium for Elder Abuse Prevention, Clearinghouse for Home-Delivered Meals, San Francisco Adult Day Services Network, IHSS Consortium, Paratransit Coordinating Council, and the Bay Area Emergency Preparedness Coalition for Seniors and People with Disabilities. Coalitions in the aging network in San Francisco are considered to be the norm.

Job training and employment services for persons 55 years of age and older are offered by 16 programs entitled Senior Community Service Employment Programs (SCSEP) which receive funding from the US Department of Labor (DOL). The National Council on Aging (NCOA) provides numerous placements in nonprofit organizations for job trainees. Self-Help for the Elderly provides placements in agencies that target services for Asian/Pacific Islander populations. Both programs offer temporary job training placements that provide the opportunity to learn new skills and update current skills.

Area Agencies on Aging (AAAs) and the SCSEPs serve as partners in developing the local One-Stop Career Center System funded by the DOL. The purpose of the one-stop shops is to integrate education, employment, and training so that people in need of career services and employers have better access to appropriate information. State law requires that the COA approve the local One-Stop Career Center System to ensure that the employment-related needs of older persons are met.

Description of the Area Agency on Aging

The COA, one of the three divisions of the newly established DAAS, is the designated AAA for San Francisco. The COA acts as a contracting agency, having formal arrangements with 43 community-based non-profit and two public agencies to provide direct services to San Francisco residents age 60 and over.

The COA operates the Senior Information and Referral (I&R) Program, which provides 24-hour telephone information, referral and assistance in accessing senior resources.

The 2001-02 COA budget will include approximately $18 million dollars from parking tax, direct federal and State grants, city revenue transfers and the General Fund.

The COA is staffed by 15 full-time equivalent employees. (See attached organizational chart). The Director of the COA is Darrick Lam. Program staff, including one Program Manager, five Program Analysts (Specialists in Aging) and two Nutritionists, provide technical assistance and monitoring of COA contract agencies in an effort to establish support and maintain the effective and efficient delivery of services to elders in San Francisco. Fiscal staff (including the Chief Fiscal Officer, one Senior Accountant and one assistant accountant) are responsible for the accounting and management of federal, state and local funds allocated to COA contract agencies. In addition they are responsible for administering fiscal affairs within the office. The COA utilizes two Senior Clerk-Typists and one Commission Secretary, who provide administrative support to all components of DAAS. They also serve as primary support staff to the Advisory Council and Commission members. Three I&R Specialists provide information and referral to the wide variety of agencies and programs in San Francisco, oversee the Senior Gold Card Merchant Discount Program, issue MUNI ID cards and provide a variety of community outreach activities.

Seven Commissioners are appointed by the Mayor to set policy and make decisions for the agency. The Commissioners are Marjorie Stern, President; Vera Haile, Vice-President; Clarence Brown; Rosario Carrion-Di Ricco; Joe Lacey; Raymond del Portillo; and Veneracion Zamora.

Committees of the Commission include:

- Finance Committee
- Housing Teaming Work Group
- Legislative Committee
- Nominating Committee
- Personnel Committee

The Advisory Council is composed of twenty-two members, eleven of whom are appointed by the Commission and eleven of whom are appointed by the Board of Supervisors. The Advisory Council works closely with the senior community and advises the Commission. The Advisory Council members include: William Hollabaugh, President; Betty McQuiston, 1st Vice President; Dorothy Kerr, 2nd Vice President; Lee Jessor, Secretary; Kenneth Babb, Donna Calame, Wende Chan, Anna Chun, Marie Conroy-Salbi, John Horak, Edna James, Edmund Jew, Adoracion Jimenez, Anne Johnson, Leonard Ke, Anne Kirueshkin, Tsuyako Kitashima, Roger Langford, Bob Lipman, Ernestine Pina McGoldrick, Reeva Olson and Fran Watkins.

Committees of the Advisory Council include:

- Executive Committee
- Publicity and Public Relations Committee
- Transportation Committee
- Board of Supervisors Committee
- Housing Teaming Work Group

Local representatives to the California Senior Legislature work closely with the Advisory Council, Commission and community to develop legislation and advocate on behalf of the needs of seniors.

The Commission meets on the first Wednesday of every month at 9:30 a.m. in San Francisco City Hall, Room 416. The Advisory Council meets the third Wednesday of every month at 9:30 a.m., at 25 Van Ness in the 8th floor conference room.

The COA provides visible leadership in the development of community-based systems of care. This is evidenced by the COA leading the implementation of the Senior Services Plan, initiating the Long-Term Care Integration Task Force, as well as actively participating in the Adult Day Services Network, IHSS Consortium, CASE, and the Consortium for Elder Abuse Prevention.

Mission Statement

The core mission of all area agencies on aging in the state is:

- To provide leadership at the local level in developing systems of home and community-based services that maintain individuals in their own homes or least restrictive home-like environments. In particular, emphasis shall be placed on coordinating with local systems to enable individuals to live out their lives with maximum independence and dignity in their own homes and communities through the development of comprehensive and coordinated systems of home and community-based care.

In the City and County of San Francisco, the Commission on the Aging is the division within the Department of Aging and Adult Services charged with coordinating and supporting services for the elderly. The Commission operates with federal, state and City and County funds to coordinate a "Community-Based System of Care" (CBSC), as defined by federal and state authorities:

- To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services, through the provision of traditional Older Americans Act Services, or "Basic Services," as an entry point into the CBSC, and through the development of "Community-Based Long-Term Care Services."

- To plan for and coordinate a continuum of community based and in-home care for the vulnerable elderly, thereby avoiding premature or inappropriate institutionalization, through the development of a "Community-Based Long-Term Care System."

- To increase participation in programs by minority, low- income, and frail populations of San Francisco.

- To advocate for policies which promote the CBSC.

PART ONE: AREA PLAN BACKGROUND
Section B: Establishing Priorities

PUBLIC INPUT AND THE PLANNING PROCESS

The COA takes a consumer-driven planning approach. Recognizing that consumer involvement is a central concept for good planning, the COA ensures that senior consumers are included in most planning bodies, including the System Coordination Committee and all ten District Advisory Councils (DACs). Information for planning and opportunity for public input is solicited through monthly COA and Advisory Council meetings. Since the completion of the Senior Services Plan in 2000 and the implementation of DAAS, the process for communication through these channels is currently being evaluated.

Through all of these channels, but especially through the ten DACs, San Francisco offers a tremendous amount of consumer input. DACs are composed of senior consumers, service providers, senior central staff members, merchants, representatives from communities of faith, and health care providers, and all who have a role in increasing outreach and improving service coordination within neighborhoods. Meetings are held monthly in each of the ten Senior Central districts. Attendance at these meetings is growing and in some neighborhoods exceeds 50 people each month. Issues that arise in the DAC meetings are brought to the attention of the COA through monthly SCC meetings as well as written minutes. Senior consumers are an integral part of the monthly meetings of the SCC that continue to provide direction for Senior Central development.

All ten of the Senior Centrals proposed in the Senior Services Plan for 1994-2000 are in operation. Local district planning ensures coordinated outreach efforts and coordination of service delivery so that each participating organization knows what services are offered by each agency so that appropriate referral and follow-up are provided. Outreach efforts are conducted by all of the Senior Centrals. Written information is prepared in the major languages spoken in the districts. These multilingual/multicultural efforts target low-income minority individuals. The Senior Central system has the capacity to reach speakers of at least twelve different languages.

Needs Assessment Plans for FY 2000-01 and FY 2001-02

Strategic Plan for Department of Aging and Adult Services
In response to ongoing community input, the first step in meeting the City's goal of integrating long-term care services has been met by consolidating three City Departments serving older and disabled adults and forming a new Department of Aging and Adult Services. The recently consolidated Department of Aging and Adult Services will be developing a five-year strategic plan to focus on the goals and the vision of the Department as a whole. This strategic plan will require the involvement of all divisions of DAAS including the COA, as well as the use of various needs assessment information.

San Francisco has been awarded a Long-Term Care Innovation Grant to develop SF-GetCare, a web-based information system for community-based long-term care services. Through SF-GetCare, service providers will have shared access to consumer data in order to prevent duplication and fragmentation of services. Demographic and assessment data on individuals reaching the system will be a rich information source for seniors who access services. Outreach efforts through the Senior Central system will continue to try to reach those seniors whose needs are not being met by the current service structure.

NEEDS ASSESSMENT, TARGETING AND IDENTIFICATION OF PRIORITIES

The Long-Term Care Pilot Project Task Force held five community forums in October 1997. In June 1998, the results of these forums were presented to the public. Since these forums, San Francisco has developed a plan to integrate long-term care services for all adults with functional needs. The consolidation of the COA into DAAS is one step towards a more effective system for serving older adults. Needs assessments conducted since these forums have shown continued concern for the same issues, such as the need for housing, transportation and in-home services. These needs demonstrate the increased demand for home and community-based services rather than institutional care.

The COA takes a leadership role in the integration of Aging and Adult Services. Specifically, COA was instrumental in facilitating the work group responsible for developing recommendations for the implementation of services and programs through the new department. Recommendations were completed and submitted to the Executive Director of DAAS in April, 2001(See Appendix X).

Needs Assessment Description

Several sources of data were used to serve as needs assessments by the COA in targeting priorities and goals for the 2001-2005 Area Plan. They include: community forums, reports developed by other City Departments and advocacy agencies, focus groups and other surveys conducted by the COA, a telephone survey conducted by an independent research firm, current client data and statistics and census projections. This section of the Area Plan will describe in detail the findings of each needs assessment and provide a summary of the overall findings. These overall findings were used in developing goals and objectives to be addressed in the 2001-2005 Area Plan. Table 4 summarizes data sources and provides a brief description of the data.

TABLE 4. SOURCES OF DATA FOR 2001-05 AREA PLAN NEEDS ASSESSMENT

Data Resource (sorted alphabetically)	Description
Building a Healthier San Francisco Report by the Northern California Council for the Community (NCCC)	Community assessment of health, social, a economic indicators of all San Franciscans (by ag
COA Homeless Seniors Survey	Survey of 74 seniors who are homeless or at risk homelessness
COA Infrastructure Needs Survey	Survey of COA contractors' infrastructure needs
COA Unmet Needs Survey	Survey of all COA contractors' view of consume unmet needs
Coming of Age Survey	Telephone survey of 500 older San Franciscans
Department of Finance Data and Archstone Foundation Report	Census information (most recently projected numbe
Focus Groups	Conducted with IHSS providers and social workers senior housing
Independent Living Resource Center Data	Strategic plan containing needs assessment of adu with disabilities
Information and Referral Statistics	Received from the SIS and Senior Central informati and referral tracking
Long-Term Care Integration Task Force Community Forums	Summary of the five open community forum presented in June 1998
Nutrition Assessments	Nutritional Risk, health, and functional status of home-delivered meals recipients
Pedestrian Safety Survey by the San Francisco Department of Public Health	Report and recommendations for preventing injuri sustained by San Francisco's seniors
Survey of Case Managers	Written survey completed by 56 case managers fr various senior service agencies in San Francisco
Town Hall Meetings	Completed in October 2000 to determine seniors' se reported needs.

Building a Healthier San Francisco **(Report by the NCCC)**
According to the Northern California Council on the Community (1999), approximately 50% of San Francisco's Medi-Cal population is either aged, blind or disabled while the statewide average is 24%. Due to the increasing size of the aging population, demand continues to grow. This report identifies In-Home Supportive Services as one of the largest home and community-based service programs providing long-term care to San Francisco residents. Typically, IHSS beneficiaries need assistance with two or more activities of daily living and experience multiple chronic conditions. Without IHSS services these individuals would face institutionalization.

The NCCC identified affordable housing as a critical issue faced by San Francisco Seniors. Their community assessment estimated that elderly individuals with long-term care needs will need 183 supportive housing units. The report also forecasts the need for supportive housing by the elderly to increase by 37% per year between the year 2000 and 2020 (from 183 to 1,537 units).

Homeless Seniors Survey
Seventy-four men and women who are homeless or at risk for homelessness were interviewed to determine participants' current use of social services as well as to identify service participants' service needs that are not being met. Participants were also asked to identify barriers to service delivery that they currently encounter. According to this survey, half of homeless seniors have been homeless for less than one year. Reasons for becoming homeless include the high cost of medical care and lack of accessibility in current housing. The need most identified by this group was, as expected, housing (or shelter).

Infrastructure Needs Survey
Surveys were distributed by mail to all COA contractors. The survey consisted of a list of nine possible reasons the infrastructure of the contractor's agency may be at risk. Agency infrastructure needs were consistent among the large majority of respondents. Infrastructure needs included:

- Increase in cost of employee benefits
- Inability to recruit and retain staff due to the inability to increase salaries to a competitive level

Unmet Needs Survey
Surveys were distributed by mail to all COA contractors and all Senior Centrals. The survey consisted of a list of fifteen essential services provided by COA contracting agencies. Respondents were asked to indicate the top five areas where unmet needs exist in the senior community. They were then asked to rank their responses in descending order from highest priority to lowest priority. Thirty of the 55 respondents (55%) returned the survey and identified the following unmet needs in their community:

- Transportation
- Housing Assistance
- In-Home Supportive Services

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- Transportation
- Housing Assistance
- In-Home Supportive Services

- Long-Term Care Assistance

Coming of Age Survey
In 1999, Pardini and Associates contracted with the COA to conduct a telephone survey of the 55+ population in San Francisco. In addition, they developed a demographic profile of San Francisco's older population according to senior central district.

According to the Coming of Age survey, older adults in San Francisco have a strong sense of community. Almost half (44%) of the older San Franciscans surveyed reported that they have lived in San Francisco for 30 years or more. The majority (65%) have lived in San Francisco for more than 20 years. Therefore, the older adults in San Francisco may be providing a sense of stability and continuity to their community while these older adults familiarity of their community is high. Forty-five percent of older adults rent their homes in San Francisco, which puts them at risk of displacement. More than half (56%) of those 75 years old and older live alone, which puts those older adults most at risk of displacement. Additionally, 27% of respondents 75 years of age and over experience difficulty going outside, which puts these seniors at serious risk of isolation.

Sixteen percent of San Franciscans 55 and over have daily care responsibilities, which according to Pardini & Associates, extrapolates to over 27,000 older persons in San Francisco. These caregivers are most often caring for a spouse/partner (28%) or a grandchild/great grandchild (20%).

Self reported health, generally an accurate indicator of overall health status, showed that 37% of San Franciscans consider their health status to be "fair" or "poor" while 84% of respondents indicated that they expect to continue to live in their current neighborhood.

Finally, the Coming of Age Survey indicated that more efforts are needed to ensure that all older adults "become fully aware of the information sources...available to them in order to maximize their independence and quality of life" (page 61).

Department of Finance Data and Archstone Foundation Report
As discussed in the demographics section above, the growth rate of older adults in San Francisco surpasses that of California. Currently, 15% of the San Francisco population is over 65 years old compared with 11% of the population in California. The ethnic breakdown of San Francisco is also significantly more diverse than that of California. In San Francisco, 34% of older adults identify with an ethnicity other than White, Latino, or Black (Center for Long-Term Care Integration, 2000).

Focus Groups – In-Home Supportive Services
A total of six focus groups were conducted with IHSS providers. The groups were conducted in English and Cantonese. Spanish and Russian translation was available, but not needed. Approximately 90 providers participated. Participants have worked for the IHSS consortium for a range of three months to over 12 years, and were serving one to five clients each. Providers indicated most often that their clients' needs were in the areas of:

- Transportation

- Money management
- Increased frailty (increased hours for care)
- Home safety (stairs)
- Better quality housing
- Isolation and depression
- Increased case management
- Lifeline (or friendship line) services

Focus Groups - Social Workers in Senior Housing

One focus group with seven social workers who provide services to low income seniors in housing facilities was conducted. The major priorities identified by this group included:

- Emergency in-home services (especially for those discharged from hospital or those waiting eligibility decisions for services), including meals, IHSS and paratransit
- Transportation
- Better communication between health and social service providers
- Services for functionally impaired adults under the age of 60
- Increased case management
- Innovative supportive housing programs
- Increased home visits from health care professionals
- Cultural sensitivity training for case managers
- Lifeline (or friendship line) services
- Increase in residential care facilities in downtown area

Independent Living Resource Center Data

The needs of disabled adults in the community closely resemble the needs of older adults. In accordance with the Olmstead Act, the state is obligated to provide community-based services to qualified persons with disabilities (NDDHS, 2001). According to needs assessments conducted by the Independent Living Resource Center, "there was significant agreement among all stakeholders" that the major areas of concern to people with disabilities include:

- Long-term care
- Housing, employment
- Health care access
- Transportation
- Access to local government.

Information and Referral Statistics

The COA received over 7,000 calls for I&R during the first three quarters of FY2000-01. More than half the calls were received from first time callers and most callers were seniors. It appears from the high number of first time calls that there may be thousands of seniors in San Francisco who need information about services but may not know where to find information. Most frequently, callers request information on housing, transportation, legal, and in-home services. The COA Senior I & R program conducts outreach on a broad level

throughout the city. The Senior Central system also provides local outreach to individual neighborhoods.

Long-Term Care Integration Task Force Community Forums
In June 1998, the San Francisco Long-Term Care Integration Pilot Project Task Force presented its findings from five community forums held in October 1997. The major needs expressed through these forums include well organized, easily accessible, consumer-focused services which are culturally sensitive. Recommendations fell within three categories: home and community–based services, residential care facility needs, and staff and training needs across the continuum of care. Specific recommendations within each area included:

Home and Community-Based Needs
- Improved case management for long-term care
- Increased housing and home care services
- Improved assistance with transportation
- More services and facilities for younger disabled

Residential Care Facility (RCFE) Needs
- More residential care facilities in different neighborhoods
- Increase health and social services within RCFEs to address increasingly frail population
- A supplemental rate (over SSI) for persons in RCFEs

Staff and Training Needs
- Higher wages for in-home service workers
- Better skills training for IHSS and RCFE workers
- Sensitivity training for social workers who work with older and disabled adults

Since conducting these forums, the Long-Term Care Integration Pilot Project Task Force has developed recommendations to address these issues. One result of the recommendations has been the development of the integrated Department of Aging and Adult Services. As of April 2001, the organizational auspice of the Long-Term Care Integration Pilot Project has been transferred to the DAAS, which will include a Continuum of Care Policy Committee (see DAAS organizational chart, Appendix XI).

Nutrition Assessments
Intake forms from 46 clients who receive home-delivered meals were evaluated to determine the level of impairment consumers experience when they begin receiving home-delivered meals. Approximately 67% of the sample were female.

The average score on the total nutrition risk screening scale was 9.5, which indicates high nutritional risk. The sample of cases showed that eighty-one percent of home-delivered meals recipients are at high nutritional risk upon intake.

Home delivered meal recipients experience a variety of health problems that prevent them from preparing meals independently. The most common problem experienced by recipients was arthritis (52%). Almost one in three meal recipients experience heart disease (28%) while almost one-fourth are diabetic (22%). Functional limitations also vary among meal recipients. The majority of meal recipients need some type of assistance with bathing (63%). Other ADL limitations include dressing (50%), toileting (41%), and eating (30%). Almost half of those receiving home delivered meals receive services from a formal caregiver (46%). However, only 21% of formal caregivers prepare meals. Forty-three percent of meal recipients count on a friend or relative for informal support.

Upon intake, 43% of home delivered meal recipients require some assistance with money management services.

Thirty-three percent of consumers do not have the services of a case manager when they begin receiving home delivered meals.

Pedestrian Safety Report by the Department of Public Health
According to the San Francisco Department of Public Health, falls and motor vehicles are the highest causes of injury-related deaths among seniors in San Francisco (CDHS, 1998 cited in DPH 1999). Injury-related hospitalizations cost over $40 million annually. The Department of Public Health recommends:

- a comprehensive approach to injury prevention through community surveillance and prevention programs
- increase community awareness of the increased injury risk to San Francisco seniors through community outreach and education
- re-establish an in-home safety assessment and minor home safety repairs by partnering with managed care or other health insurance providers
- allocate expanded resources to address prevention of major aspects of senior injury

Survey of Case Managers
Fifty-six case managers responded to a written survey distributed at a monthly training session. Among the problems identified by case managers, housing and transportation were identified most often, with 56% of case managers identifying housing as one of the two biggest problems faced by San Francisco seniors. Other needs often identified included:

- Transportation
- Isolation
- Mental health

When provided with the list of potential problems facing the elderly, case managers ranked the following issues as the most serious problems faced by San Francisco's older population (in order of importance):

- Housing
- Money to live on
- Isolation
- Loneliness
- Health care
- Energy/Utilities
- Transportation

Town Hall Meetings
From October 1998 through October 2000, ten public town hall meetings were held throughout all ten Neighborhood Senior Central Districts. The COA also held one citywide town hall meeting for LGBT seniors and cosponsored a citywide meeting organized by the National Asian Pacific Center on Aging. The meetings focused on consumer input and concluded with a citywide hearing, which included testimony from the service providers of the aging network. These meetings included small break out groups representing nine different language groups (See Appendix II for a list of meeting locations, dates, attendance, and languages spoken).

The number of attendees ranged from 49 to196, with an average attendance of 113 people (87 seniors). The purpose of the town hall meetings was to find out from participants what services are most effective and what barriers currently exist to receiving services in San Francisco. The meeting participants, broken down into several multilingual small groups, identified the following needs:

- Transportation
- Safety
- Translation Services
- Housing
- In-Home Supportive Services
- Congregate meal sites

Overall Needs Assessment Findings
Considering all data sources used, the needs that consistently arise with the highest priority include housing, transportation, and home and community-based services such as in-home care, case management, safety, nutrition, or money management programs. The housing crisis that San Francisco is currently experiencing is a challenge that the city faces in assisting older adults with housing needs. The increased demand in home and community-based programs to prevent institutionalization will continue as the older adult population increases. Targeting services to those most at risk, and developing an integrated, streamlined service delivery system will allow the COA to assist all older adults in the most appropriate, efficient way possible.

Senior Populations Targeted in Service Delivery
The Older Americans Act mandates that emphasis for services be given to older individuals with the greatest economic need with particular attention to low-income minority individuals;

older individuals with the greatest social need, with particular attention to low-income minority individuals; older individuals with severe disabilities; older individuals with limited English-speaking ability; and older individuals with Alzheimer's disease or related disorders.

Seniors in San Francisco represent many minority populations, including Asian/Pacific Islander, African American, Latino, LGBT, Russian, persons who practice Kosher traditions, and refugees.

The COA Senior Information System (SIS), the COA client database, provides statistics for individuals served in all COA-funded services. Entry of client data began in February 1997. The SIS system is currently in need of upgrading, which is being addressed by SF-GetCare, the web-based information system currently being developed through the Long Term Care Innovation Grant awarded in January 2001.

Adequate Proportion
The Older Americans Act mandates that each Area Agency on Aging (AAA) provide the following services with Title III B funds in an adequate proportion determined by the AAA and approved by the State Unit Plan.

- Services associated with access to services (transportation, outreach, information and assistance, and case management services)
- In-Home Services (homemaker and home health aides, visiting and telephone reassurance, chore maintenance , and supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction)
- Legal Assistance

During FY 2000-01, the COA funded a portion of Case Management, Transportation, In-Home Services, and Legal Services with Older Americans Act Title III B funds. For FY 2001-02, the COA will use 48.61% or $459,164 of the total Older Americans Act Title III B funds for Case Management and Transportation (Access Services) and 51.39% or $485,423 of the total Older Americans Act Title III B funds for Legal Assistance. Title III B funds will not be used during this fiscal year to fund in-home services. In-home services will be funded in total by Off-Street Parking tax funds.

Senior Services Plan 1994-2000 Completion
The Senior Services Plan called for the development and implementation of ten"***Neighborhood Senior Centrals***" over a five-year period beginning FY 1995-1996. As of February, 2000, all ten Senior Centrals were open to provide one-stop neighborhood access to an expanded range of information and services called for by seniors.

The COA developed the design for Senior Centrals and has successfully completed the opening of all Senior Centrals with the guidance and assistance of the System Coordination

Committee (SCC). The SCC, including City Department representatives and consumers, meets monthly, reviewing COA staff recommendations for Senior Central designation, framing service integration issues, and assisting in program/fiscal policy development. In addition, another body, the Inter-District Council (IDC), has been established. This body has served as a mentoring and problem solving group comprised primarily of existing Senior Center staff, local advisory council representatives, and consumers from both funded and non-funded Senior Central districts.

Annual Accomplishments of Senior Centrals to Date:

I. ***Outreach*** to over 53,000 contacts

- Languages spoken in outreach efforts include English, Spanish, Russian, French, Tagalog, Cantonese, Mandarin, Japanese, Korean, Vietnamese, Laotian, and Cambodian
- Isolation of seniors being reduced

II. ***Information & Referral, Assistance, and Follow-up*** to more than 9,500 seniors

- Senior Centrals serve as focal points for neighborhood-based and citywide service and program information

III. ***Collaborative Relationships Established***

- Over 40 Memorandum Of Understanding (MOU) agreements with district-based service providers are in existence
- National Council on Aging, Inc.: Coordination of senior employment and training opportunities and development of Senior Centrals as job training sites.
- City Department collaboration

  Department of Human Services: development of common intake forms, in-service training on eligibility and application assistance with particular reference to Adult Services and IHSS

  Department of Public Health: coordination of in-service training and provision of health education, healthcare assessments, and screenings including flu shots; participation and scheduling of the Community & Home Injury Prevention Project for Seniors (CHIPPS) presentations and model replication

  Recreation and Park Department: Dissemination of information and opportunities for program coordination and participation

  Housing Authority: specialized in-service training in housing referrals

Police Department: participation and scheduling of SAFE (Safety Awareness for Everyone) crime prevention presentations

Department of Transportation (Muni): Fixed route and paratransit specialized training, information and assistance

Formation of Work Groups and Advisory Committees

Through the integration process of implementing the Department of Aging and Adult Services, four work groups were established to facilitate a smooth transition and begin to provide a more seamless, single-point of entry system for San Francisco seniors. Table 5 provides the names and goals of each integration work group:

Table 5.
San Francisco Department of Aging and Adult Services Implementation Work Groups

Work Group Name	Goal
Services and Program Integration	To identify and delineate the service delivery system for all Aging and Adult Service programs, examine the potential role for IHSS and APS, and develop recommendations for integration that result in an integrated, coordinated system that maximizes services levels using existing resources.
Information Technology	To identify and delineate current IT systems, issues and solutions for integration and use by Aging and Adult Services staff and contractors.
Non-Profit Providers	To identify and re-examine the role of non-profit providers with the Department of Aging and Adult Services.
Administrative and Fiscal	To identify the fiscal resources available to the Department of Aging and Adult Services from current state, county and federal allocations, devise a system for maximizing the use of funds create a financing plan for the new department and make recommendations for administrative streamlining.

The *COA Information and Referral Program* is provides training for I&R workers at Senior Centrals. The trainings have included the following topics: Steps to Mastering I&R; Home-Delivered Meals Policies and Procedures; Working with Difficult Clients; Alzheimer's Disease and Related Disorders; Using the Internet for I&R; Paratransit Application Training; the San

Francisco Public Library Community Database; Working with LGBT Seniors; Mental Illness; Working with Veterans and the Public Administrator/Public Guardian programs.

Evaluation of Senior Central Programs
The COA is currently performing an evaluation of the Senior Central program. The evaluation consists of a survey to establish measurable outcomes and quality assurance standards for assessing the success and effectiveness of Senior Central operations in increasing access to services for seniors in the City and County of San Francisco.

Conclusion
The planning and development of Senior Centrals have created more collaborations among both city-funded and non-city funded agencies as well as increased volunteer/consumer interest in meeting the needs of seniors. These factors of collaboration and increased volunteer/consumer interest are critical in the development of a neighborhood one-stop access point to services, as future cuts in social service and entitlement programs begin to take effect.

The Senior Centrals have played an increasingly critical role in identifying those seniors who are at greatest risk of losing supplemental security income (SSI) benefits.

Senior Centrals are proving to be an effective model for increasing the health and safety of seniors and their caregivers in San Francisco, and in assisting them to remain as independent as possible in their own neighborhoods.

Home and Community-Based Long-Term Care Services
The fastest growing segment of the San Francisco elderly population is persons over the age of 85 years. In addition, functional ability, as opposed to age, is becoming recognized as the indicator of need for services. The passage of the Olmstead Act in 1999 has several implications for the provision of home and community-based services for older adults as well as younger adults with functional disabilities. On a federal level, the requirement of waivers to provide home and community-based services (HCBS) using Medicaid funding is being evaluated. In response to the Olmstead decision, there is a possibility that waivers will not be required to provide HCBS in order to keep those with functional impairments in their homes.

Consumer-Driven Approach/Client as Customer
The Senior Services Plan has established a focus that services need to have consumer involvement at all levels and that the consumer provide the direction for service development and implementation. The emphasis is on viewing clients as customers.

Target Population for Services
The COA will continue to follow the Older Americans Act regulations which emphasize targeting funds and services to persons in greatest social and economic need with particular attention to low-income, minority, non-or limited-English speaking, and frail older persons.

Collaboration/Accessibility
The vision of the integrated Department of Aging and Adult Services promotes both public and private providers to work together to coordinate services, to reduce duplication and to ensure that clients are getting the best possible services. The vision emphasizes the importance of having streamlined services with a single entry point readily accessible to older persons by having services based in neighborhoods whenever possible and by

directing active outreach efforts. The ten Senior Centrals play an important role in operationalizing this vision.

OVERALL DIRECTIONS

COA Funds as a Smaller Proportion of Contractor's Total Agency Budget

Service providers continue the need to shift a greater share of costs to fundraising, volunteers, and other cash and in-kind donations. In the 1997-2001 Area Plan, requirements for providers' cash and in-kind matches were 5% each with a plan to raise required matches to 7.5% cash and 7.5% in-kind match by the end of a five-year period. As of FY 2000-01, the match requirements have increased to 7.5% cash and 7.5% in-kind matches.

Services Growth

The COA will implement cost-savings measures and whenever possible, shift funds to support additional COA funded home-delivered meals, case management services, emergency home care, emergency housing, and to provide basic services in underserved areas of San Francisco. In the upcoming year, the COA will be distributing $1 million appropriated by the San Francisco Board of Supervisors for new services to meet current unmet needs of seniors.

SENIOR SERVICES PLAN IMPLEMENTATION

Senior Central Planning

In addition to the implementation of the ten Neighborhood Senior Centrals, each DAC was awarded $25,000 to address special unmet needs in each district, in order to meet some of the increased demand for short-term services. In addition, each Senior Central district was awarded a full-time district-wide social service worker that could be outstationed one day per week at senior centers.

Housing

The COA will work with housing service providers, the Mayor's Office on Housing, the Housing Authority and Mayor's Office of Community Development to channel more housing resources to seniors including the provision of more temporary and permanent housing placement. An internet-based housing resource database for low-income and subsidized housing was completed in 1999 (www.sfmoh.org/).

Nutrition

The COA, with service provider input, has developed and implemented both a citywide standard intake and assessment tool used to measure nutritional risk and health and a congregate nutrition site plan. The congregate nutrition site plan will address the need for nutrition sites in under-served areas and will consolidate small sites which are not cost-effective and do not serve a targeted population.

Transportation

The COA will continue to work with Muni's Paratransit system to solicit additional alternative revenues in order to provide a coordinated approach to transportation for those persons unable to use the fixed route transportation system.

Elder Abuse Prevention
The COA will continue to work with the Consortium for Elder Abuse Prevention to raise awareness. In 2001, the COA and the Consortium for Elder Abuse Prevention organized the second annual event to promote the awareness of elder abuse issues. The event involved a press conference and rally at City Hall followed by seniors going to local senior centers to provide information and outreach to raise awareness on elder abuse issues. The COA and the Consortium for Elder Abuse Prevention plan to hold this event annually.

Planning Issues for FY 2000-01 and Beyond
The COA actively engages in public discussions focusing on improving access to the senior community through monthly Commission meetings, SCC meetings, and Advisory Council meetings. As DAAS plans to increase access to San Francisco seniors and adults with disabilities, the SCC will change the role that it currently plays within the Department. Traditionally, the functions of SCC have been to provide a forum for Senior Central coordinators to share information and programs and bring City Departments together with Senior Central coordinators to share information and plan services at the local level. This format has been successful in coordinating Senior Central services with City Departments. Within the next fiscal year, the traditional functions of sharing Senior Central information among coordinators will be transferred to the IDC, a monthly meeting of the Senior Central coordinators. The SCC's function of sharing information will be broadened to include other City Departments in addition to Senior Centrals. This revised committee will be called the Services and Programs Advisory Committee. The scope of the Services and Programs Advisory Committee will be to offer recommendations to DAAS as to how services can be most accessible to all older adults and adults with functional impairments in San Francisco.

MIS Plan
In January 2001, San Francisco was awarded a $1.7 million grant to implement SF-GetCare, an innovative, web-based information system to provide resources for consumers and providers as well as track consumer data throughout the aging services systems in San Francisco. SF-GetCare will serve as an integrated information system to support community-based long-term care services by improving accessibility, equity, coordination, efficiency and quality care. As a result of implementing SF-GetCare, San Francisco will assist consumers and providers in preventing inappropriate institutionalization.

RTZ Associates, a health care and software consulting firm, is assisting San Francisco with the development and implementation of SF-GetCare. The implementation of SF-GetCare will meet the following five objectives:

I. To develop a county-wide, searchable and updateable provider directory, designed to help both publicly and privately funded long-term care consumers learn about home and community-based long-term care and locate appropriate services.

II. To develop a Consumer Assessment Referral and Enrollment (CARE) tool, to be incorporated into the SF-GetCare website for use by DAAS and its providers to collect and track required AAA consumer information.

III. Integrate data from existing home and community-based long-term care programs in San Francisco to create a county-wide community long-term care database to study the characteristics, assessed needs, service use and costs of the Medicaid long-term care population. Identify similarities in data elements

to prepare for the creation of the assessment component of an on-line, multi-agency case management system.

IV. Use the integrated county-wide database of the Medicaid long-term care population to develop and evaluate home and community-based long-term care services and financing options, specifically Medicaid waivers.

V. Expand the SF-GetCare web-site (described in Objectives I & II) into an on-line, multi agency case management system. Test the system with a representative sample of Medicaid consumers and evaluate its effectiveness for coordinating across public and private home and community-based programs.

VI. Train and support consumers and public and private providers of home and community-based services in using the SF-GetCare web site, which includes the service directory, CARE tool and online, multi-agency case management system.

All above SF-GetCare objectives are scheduled to be met by June 2002.

PART TWO: AREA PLAN GOALS AND OBJECTIVES

Goal #1: Provide an integrated, consumer-driven system to meet senior needs that reflects the diversity of San Francisco seniors.

RATIONALE

The core mission of the Commission on the Aging is to develop community-based systems of care that provide services which support independence, and which protect the quality of life of older persons and persons with functional impairments, and promote consumer involvement in the planning and delivery of services.

OBJECTIVES

General Objectives:

1A. The COA will form the Services and Programs Advisory Committee to advise DAAS by July 2001. The purpose of the committee will be to provide recommendations to DAAS in developing integrated service systems for all older and/or disabled adults. Systems will include outreach, information and referral, intake and assessment, service provision, consumer satisfaction, and termination as appropriate.

1B. The COA will support the consolidation of all divisions within DAAS and improve communication channels across divisions by recruiting 31 representatives from City Departments and service provider agencies to serve on the Services and Programs Advisory Committee by July 2001.

1C. The COA will continue to support the Neighborhood Senior Central system and assist Senior Central program development by providing guidance and training through monthly IDC meetings. This function of the IDC meetings will begin by July 2001 and will be in full operation by December 2001.

1D. The COA will assist other DAAS staff with coordinating trainings for all DAAS staff to provide a clear understanding of the functions of all divisions within the Department by January 2002. Trainings will be scheduled during monthly case management and information and referral classes and will continue as needed.

1E. DAAS will develop a plan to consolidate IHSS and APS within its system to promote a seamless delivery of services for all older and disabled adults by January 30, 2002 and January 30, 2003 respectively.

1F. The COA will provide culturally and linguistically sensitive services to all older adults by providing translation services in at least twelve languages throughout City neighborhoods by local Senior Centrals. These translation services will be shared within the DAAS by May 30, 2002.

1G. The COA will assure consumer representation on contracted agency Boards of Directors by June 30, 2002.

1H. The COA will assure consumer representation on all new DAAS committees and work groups by June 30, 2002.

1I. The COA will assist DAAS and RTZ Associates in implementing SF-GetCare within the specified project timeline of June 30, 2002.

1J. The COA will provide consumer complaint resolution trainings for contractors as second stage of consumer complaint process policy by December 30, 2002.

1K. The COA will develop uniform core questions for annual consumer satisfaction surveys to be utilized by all contractors by December 30, 2002.

Program Objectives
Alzheimer's Day Care Resource Center Program

1M. The three ADCRCs will further develop their own training programs to suit the needs of their staff, volunteers, and caregivers. Two ADCRCs that serve language specific populations will either develop or utilize existing training materials in Spanish, Tagalog and Chinese, to train monolingual speaking staff/caregivers throughout FY 2001-2002.

1N. The three ADCRCs will conduct ten Community Education sessions will be conducted at three ADCRC Programs for consumers, service professionals, family members, and interested individuals by June 30, 2002.

Brown Bag Program
1O. The COA will work with the Brown Bag provider to improve access of low-income seniors to supplemental grocery bags by incorporating its consumer database into the SF-GetCare system by June 30, 2002.

Foster Grandparent Program
1P. The Foster Grandparent Program will provide at least 100 presentations and 768 individual counseling sessions in San Francisco between June 30, 2001 and June 30, 2002 to increase awareness of the program.

Health Insurance Counseling and Advocacy Program (HICAP)
1Q. The HICAP Program will conduct 33 community presentations and between July 1, 2001 and June 30, 2002.

Linkages Program
1R. The Linkages Site will conduct at least 4 in-service training sessions for Linkages staff between July 1, 2001 and June 30, 2002 in order to assure that staff is up-to-date on services provided within the network of aging programs.

Senior Companion Program
1S. The Senior Companion Program will provide 20 hours of pre-service training and 12 hours of in-service training to Senior Companions between July 1, 2001 and June 30, 2002.

1T. The Senior Companion Program will provide 100 presentations to increase awareness of the program in San Francisco between July 1, 2001 and June 30, 2002.

Respite Registry

1U. The respite registry will refer at least 50 individuals to 50 placements for respite care between July 1, 2001 and June 30, 2002.

Service Unit Objectives

Title III

1V. COA contractors will meet the increased demands of San Francisco seniors by providing the following units of service in the following areas between July 1, 2001 and June 30, 2002:

- The COA contractors will provide 2,740 hours of personal care services between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 2,557 hours of services homemaker services between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 1,377 hours of chore services between July 1, 2001 and July 1, 2002.
- The COA contractors will deliver 929,122 meals through home-delivered meal programs between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 15,033 hours of adult day care services between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 21,298 hours of access to case management services between July 1, 2001 and July 1, 2002.
- The COA contractors will serve 1,007,761 meals through congregate meal programs between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 235 hours of nutrition counseling services between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 81,152 rides through access to transportation services between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 16,714 hours of legal assistance services between July 1, 2001 and July 1, 2002.
- The COA contractors will provide 984 sessions of nutrition education services between July 1, 2001 and July 1, 2002.
- The COA contractors will make 11,700 information and referral contacts between July 1, 2001 and July 1, 2002.
- The COA contractors will make 1,500 outreach contacts between July 1, 2001 and July 1, 2002.

*Rides are counted as one way.

Goal #2: Provide ongoing planning efforts to ensure appropriate services are available to San Francisco seniors as the demand for home and community-based services increases.

RATIONALE

The key to offering cost-effective, high quality services is sufficient planning. As a result of the needs assessment and planning process of the Senior Services Plan, senior consumers formerly at high risk for isolation and institutionalization are linked to services. Even though the Senior Services Plan has been completed in December 2000, and the ten Neighborhood Senior Centrals have been fully established, there is still an urgent need to coordinate and integrate services for both older and disabled adults. It is necessary to show outcomes of services to determine if programs are effective in avoiding premature or inappropriate institutionalization and to determine the needs of programs funded by the COA.

OBJECTIVES

General Objectives

2A. The Services and Programs Advisory Committee will convene monthly meetings beginning in July 2001 to discuss the development of new intake and assessment protocols, new directions on care coordination and utilization of the ten Neighborhood Senior Centrals to serve as points of entry for both older and disabled adults by June 30, 2002.

2B. The COA will complete an evaluation of the Neighborhood Senior Central system and provide recommendations for improving services provided by the system by June 2002.

2C. The COA, as one of the three divisions of the newly established Department of Aging and Adult Services, will connect all COA contractors with the SF-GetCare web-based data information system that will serve as the on-line referral to all COA contractors, as well as a consolidated client database for all COA-funded services by June 30, 2002.

2D. The COA Information and Referral Program (I&R) will continue to provide the leadership in developing training curriculum and will provide monthly and quarterly trainings for information & referral workers for senior central staff and COA contractors throughout FY 2001-02.

2E. The COA will continue to seek improved measures to provide outreach and access services to the target populations of minority, low-income, LGBT and frail populations through Neighborhood Senior Centrals throughout FY 2001-02.

2F. The COA will shift from individual department to interdepartmental, citywide planning to include all areas of planning (i.e., homelessness, pedestrian safety, etc.) by July 1, 2002.

2G. The COA will include specific performance measurement protocols in the initial planning of all pilot projects throughout FY 2001-02.

2H. The COA will develop a Request for Proposals for National Family Caregiver Support Program funding when funding is made available from the California Department of Aging throughout FY 2001-02.

2I. The COA will increase the role of the COA Advisory Council in planning efforts by encouraging representation on Ad Hoc Committees developed for planning purposes throughout FY 2001-02.

Program Objectives

Brown Bag Program

2J. The COA will work with the Brown Bag provider to help solicit ethnic food items to address the increasing demands for ethnic foods by June 30, 2002.

Title III Programs

2K. The COA will work with community-based agencies to increase access to in-home services which will include personal care, homemaker, and chore services as the demand increases throughout FY 2001-02.

2L. The Services and Programs Advisory Committee will develop referral mechanisms for identifying seniors in need of services such as home-delivered meals and adult social day care/adult day health by December 31, 2002.

Goal #3: Identify and develop specific targeting methods to reduce access barriers to isolated older and disabled adults.

RATIONALE

The Older Americans Act directs AAAs to target services to meet the needs of low-income, minority, and frail elderly persons. As the number of older adults increases, the need to identify those most at risk also grows. Clear methodologies to identify those most at risk will ensure that attempts are made to reach older and disabled adults with highest need.

OBJECTIVES

General Objectives

3A. The COA will identify recent non-traditional immigrant groups and identify necessary appropriate language capacities through its Neighborhood Senior Centrals and provider agencies throughout FY 2001-02.

3B. The COA will support outreach to older members of the LGBT community by targeting unmet needs funding toward this community through RFPs by July 2001.

3C. The COA will support services for non-Medi-Cal, low-income seniors (just above eligibility thresholds) who have no means for accessing sources throughout FY 2001-02.

3D. The COA will provide support to caregiver services by funding 62 support group sessions for caregivers by June 30, 2002.

3E. The COA will develop joint strategies for addressing extended staff resources and increased difficulty in recruiting bilingual staff by collaborating with agencies providing translation services by June 30, 2002.

3F. The COA will support outreach to isolated homeless seniors by coordinating and planning with other City agencies and CBOs throughout FY 2001-02.

3G. The COA will support outreach to the growing refugee community by coordinating and planning with other City agencies and CBOs throughout FY 2001-02.

Program Objectives

Alzheimer's Day Care Resource Center Program

3H. All three ADCRCs will complete a caregiver satisfaction survey by June 30, 2002.

Foster Grandparent Program

3I. The Foster Grandparent Program will target low-income and minority special needs children as the recipients of the volunteer hours throughout FY 2001-02.

Health Insurance Counseling and Advocacy Program (HICAP)

3J. The HICAP Program will target low-income and minority seniors and disabled consumers as the recipients of volunteer and staff hours.

Linkages Program

3K. The Linkages site will submit an outreach plan to underserved ethnic groups, i.e., Chinese and Spanish-speaking populations, by June 30, 2002.

Senior Companion Program

3L. The Senior Companion Program will target low-income, minority, and frail seniors as the recipients of the volunteer hours throughout FY 2001-02.

Service Unit Objectives

Title VII

3M. Residents of institutional settings such as residential care facilities for the elderly and skilled nursing facilities will be targeted for services by the ombudsman program. The ombudsman program will provide the following services between July 1, 2001 and June 30, 2002:

Service:	**Number of Units:**
▪ Resident Visitation:	26 Visits to skilled nursing facilities 127 Visits to residential care facilities
▪ Ombudsman Training:	120 hours to 21 trainees
▪ Number of closed cases:	540 cases

3N. The COA will contract with the Consortium for Elder Abuse Prevention to provide 1,404 units of service between July 1, 2001 and June 30, 2002.

PART THREE: AREA PLAN ADMINISTRATION INFORMATION

SERVICE UNIT PLAN FY 2000-01

Note this Service Unit Plan utilizes the NAPIS (National Aging Program Information Service) Categories.

Indicate the number of units of service to be provided with ALL Funding sources, including federal funds, State funds, USDA, program income, and local funds. Use only units of service listed under each program. Only the programs identified should be listed in the budget, in compliance with California Code of Regulations, Title 22, Article 3, §7300(d).

The Goals and Objectives column provides the AAA with an opportunity to relate each Title III/VII funded service/program to an n objective statement.

==========

TITLE III

#	Program	Goals and Objectives (Required)
1.	Personal Care (In-Home)	Objective: 1E, 1V
	Units of Service: 2,740 Hours	$61,490
2.	Homemaker (In-Home)	Objective: 1E, 1V
	Units of Service: 2,557 Hours	$177,261
3.	Chore (In-Home)	Objective: 1E, 1V
	Units of Service: 1,377 Hours	$included in #2
4.	Home-Delivered Meals	Objective: 1V, 2M
	Units of Service: 929,122 Meals	$4,353,482
5.	Adult Day Care/Health	Objective: 1V, 2M
	Units of Service: 15,033 Hours	$568,163
6.	Case Management (Access)	Objective: 1V
	Units of Service: 21,298 Hours	$846,323
7.	Congregate Meals	Objective : 1V
	Units of Service: 1,007,761 Meals	$5,860,828
8.	Nutrition Counseling	Objective: 1V, 2M
	Units of Service: 235 Hours	$ included in #7

9.	Assisted Transportation (Access)	Objective: None	
	Units of Service: 0		$ 0
10.	Transportation (Access)	Objective: 1V, 2G	
	Units of Service: 73,000 One-way rides		$683,031
11.	Legal Assistance	Objective: 1V	
	Units of Service: 16,714 Hours		$745,039
12.	Nutrition Education	Objective: 1V, 2M	
	Units of Service: 984 Sessions		$355,525
13.	Information and Assistance (Access)	Objective: 1A, 1C, 1F, 1G, 1V,	
	Units of Service: 11,700 Contacts		$163,798
14.	Outreach (Access)	Objective: 2F, 3A, 3N	
	Units of Service: 1,500 Contacts		$1,642,569

15. Other Services (Specify which)

Name	Units of Service	Amount	Objective No.
Community Services Activity Scheduling Translation Social Services Total Units	 56,972 hours 7,232 hours 43,210 hours 286,410 hours	$4,229,374	1C, 1F, 2M
Senior Central Information & Referral Assistance Follow-up Outreach Service Coordination Volunteer Service	 9,156 contacts 7,860 contacts 5,915 contacts 51,472 contacts 5,970 hours 5,970 hours	Included in #14 above	1C, 1F, 2M, 3B,
Health Screenings	1,500 screenings	$46,996	3
Housing Placements Outreach Community Education Monthly Meetings	 126 placements 265 contacts 10 sessions 120 contacts	$127,883	1, 3

*Indicate priority services

TITLE VII

16. Ombudsman Services Objective #_3M___
Total number of cases to be closed: 540

$181,550 (Title III)
$ 40,262 (Title VII)

Training for Ombudsman staff and volunteers

Number of sessions: 26
Number of hours: 120
Total number of trainees: 21

Resident visitation (other than in response to complaints)

Number of SNFs to visit: 26
Number of RCFEs to visit: 106

COMMUNITY–BASED SERVICES PROGRAMS
GOALS AND OBJECTIVES PLAN

First Year of the FY 2001-2005 Four-Year Planning Period

The right-hand column (Goals & Objectives) relates the CBSP-funded service/program to an Area Plan goal/objectives statement. Designation of a goal and or an objective for each CBSP program funded is required. Detailed service units are found in the Community Based Services Program Budget (CDA 263) page 5.

Program Title	Goal-Objective (Required)	
1. Alzheimer's Day Care Resource Center	Goal-Objective #s	1M&N, 3H
2. Brown Bag Program	Goal-Objective #s	1P, 2M
3. Respite Program	Goal-Objective #s	1V
4. Linkages	Goal-Objective #s	1S, 3K
5. Foster Grandparent Program	Goal-Objective #s	1Q, 3I
6. Senior Companion Program	Goal-Objective #s	1T&U, 3L
7. Health Insurance Counseling and Advocacy Program	Goal-Objective #s	1R, 3J
8. HICAP Legal Representation Services	Goal-Objective #s	

BUDGET

AREA PLAN BUDGET

AREA AGENCY ON AGING *City & County of San Francisco Commission on the Aging*

BUDGET PERIOD *July 1, 2000 - June 30, 2001*

[ ] ORIGINAL BUDGET PSA NO. *6*

[x] REVISION NUMBER: 2 DATE *04/08/01*

I hereby certify to the best of my knowledge and belief that this Area Plan Budget reflects the necessary, reasonable, and allowable costs to attain the objectives and goals expressed in the Area Plan. I further certify that this budget was reviewed by the Advisory Council and approved by the Board of Directors; that the budget was available for review by all interested parties and that the amounts displayed are accurate and correct including supporting schedules.

SIGNATURE OF AREA AGENCY DIRECTOR	PRINTED NAME	DATE
>	*Dr. Sandra Nathan*	

FOR STATE USE ONLY

COMMUNITY SERVICES ANALYST	DATE	SECTION MANAGER	DATE
≥		≥	

BUDGET SUMMARY - BUDGETED COSTS

TITLE III PROGRAMS

BUDGET PERIOD: 7/1/00-6/30/01 | [ ] ORIGINAL [x] REVISION NO.: 2 | GRANT NO.: FF0001-06 | DATE: 04/08/0 | PSA NO.: 6

COST CATEGORIES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III C-3 School-Based Nutr	(g) III D In-Home	(h) III F Elder Abuse Prev
	CASH	1,543,610	1,388,004	155,606	0	0	0	0	0
1. Personnel (+)	IN-KIND	0	0	0	0	0	0	0	0
	CASH	3,000	3,000	0	0	0	0	0	0
2. Staff Travel (+)	IN-KIND	0	0	0	0	0	0	0	0
	CASH	2,594	2,594	0	0	0	0	0	0
3. Staff Training (+)	IN-KIND	0	0	0	0	0	0	0	0
	CASH	0	0	0	0	0	0	0	0
4. Equipment (+)	IN-KIND	0	0	0	0	0	0	0	0
	CASH	267,186	267,186	0	0	0	0	0	0
5. Consultants (+)	IN-KIND	0	0	0	0	0	0	0	0
	CASH	0			0	0	0		
6. Food Costs (+)	IN-KIND	0			0	0	0		
	CASH	51,430	43,238	8,192	0	0	0	0	0
7. Other Costs (+)	IN-KIND	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0
8. DIRECT AREA	CASH	1,867,820	1,704,022	163,798	0	0	0	0	0
							0	0	0
AGENCY COSTS (-)	IN-KIND	0	0	0			0	0	0
9. Indirect or Grantee	CASH	0	0						
Allocated Costs (+)	IN-KIND	0	0						
							0	0	0
10. TOTAL AREA	CASH	1,867,820	1,704,022	163,798	0	0	0	0	0
							0	0	0
AGENCY COSTS (-)	IN-KIND		0		0	0	0	0	0
11. Cost of Contracted	CASH	17,789,761		8,234,043	5,268,888	4,197,958	0	0	88,872
Services (+)	IN-KIND	2,016,733		1,075,636	806,128	134,969	0	0	0
12. TOTAL AREA	CASH	19,657,581	1,704,022	8,397,841	5,268,888	4,197,958	0	0	88,872
							0	0	0
PLAN COSTS (-)	IN-KIND	2,016,733	0	1,075,636	806,128	134,969	0	0	0
13. TOTAL CASH & IN-KIND		21,674,314	1,704,022	9,473,477	6,075,016	4,332,927		0	88,872

CDA 122 (2/96)

Department of Aging

AREA PLAN BUDGET

AREA AGENCY ON AGING *City & County of San Francisco Commission on the Aging*

BUDGET PERIOD *July 1, 2000 - June 30, 2001*

[ ] ORIGINAL BUDGET PSA NO. *6*

[X] REVISION NUMBER: 2 DATE *04/08/01*

I hereby certify to the best of my knowledge and belief that this Area Plan Budget reflects the necessary, reasonable, and allowable costs to attain the objectives and goals expressed in the Area Plan. I further certify that this budget was reviewed by the Advisory Council and approved by the Board of Directors; that the budget was available for review by all interested parties and that the amounts displayed are accurate and correct including supporting schedules.

SIGNATURE OF AREA AGENCY DIRECTOR	PRINTED NAME	DATE
>	*Dr. Sandra Nathan*	

FOR STATE USE ONLY

COMMUNITY SERVICES ANALYST	DATE	SECTION MANAGER	DATE
≥		≥	

AREA PLAN BUDGET

CDA 122 (2/96) Page 1

BUDGET SUMMARY - BUDGETED COSTS

TITLE III PROGRAMS

BUDGET PERIOD: 7/1/00-6/30/01 | [ ] ORIGINAL [x] REVISION NO.: 2 | GRANT NO.: FF0001-06 | DATE: 04/08/0 | PSA NO.: 6

COST CATEGORIES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III C-3 School-Based Nutr	(g) III D In-Home	(h) III F Elder Abuse Prev
1. Personnel (+)	CASH	1,543,610	1,388,004	155,606	0	0	0	0	0
	IN-KIND	0	0	0	0	0	0	0	0
2. Staff Travel (+)	CASH	3,000	3,000	0	0	0	0	0	0
	IN-KIND	0	0	0	0	0	0	0	0
3. Staff Training (+)	CASH	2,594	2,594	0	0	0	0	0	0
	IN-KIND	0	0	0	0	0	0	0	0
4. Equipment (+)	CASH	0	0	0	0	0	0	0	0
	IN-KIND	0	0	0	0	0	0	0	0
5. Consultants (+)	CASH	267,186	267,186	0	0	0	0	0	0
	IN-KIND	0	0	0	0	0	0	0	0
6. Food Costs (+)	CASH	0			0	0	0		
	IN-KIND	0			0	0	0		
7. Other Costs (+)	CASH	51,430	43,238	8,192	0	0	0	0	0
	IN-KIND	0	0	0	0	0	0	0	0
8. DIRECT AREA	CASH	1,867,820	1,704,022	163,798	0	0	0	0	0
AGENCY COSTS (-)	IN-KIND	0	0	0			0	0	0
9. Indirect or Grantee Allocated Costs (+)	CASH	0	0				0	0	0
	IN-KIND	0	0				0	0	0
10. TOTAL AREA	CASH	1,867,820	1,704,022	163,798	0	0	0	0	0
AGENCY COSTS (=)	IN-KIND		0		0	0	0	0	0
11. Cost of Contracted Services (+)	CASH	17,789,761		8,234,043	5,268,888	4,197,958	0	0	88,872
	IN-KIND	2,016,733		1,075,636	806,128	134,969	0	0	0
12. TOTAL AREA	CASH	19,657,581	1,704,022	8,397,841	5,268,888	4,197,958	0	0	88,872
PLAN COSTS (=)	IN-KIND	2,016,733	0	1,075,636	806,128	134,969	0	0	0
13. TOTAL CASH & IN-KIND		21,674,314	1,704,022	9,473,477	6,075,016	4,332,927		0	88,872

State of California
AREA PLAN BUDGET
CDA 122 (2/96) Page 2

Department of Aging

BUDGET SUMMARY - BUDGETED COSTS

TITLE VII PROGRAMS

BUDGET PERIOD: 7/1/00-6/30/01 | [ ] ORIGINAL [x] REVISION NO.: 2 | GRANT NO.: FF0001-06 | DATE: 04/08/01 | PSA NO.: 6

COST CATEGORIES		(a) Total Amount Budgeted	(b) VII Ombudsman	(c) VII Elder Abuse Prev	(d) VII Elder Rights/Legal	(e) VII Outreach, Counseling	(f)	(g)	(h)
1. Personnel (+)	CASH	0							
	IN-KIND	0							
2. Staff Travel (+)	CASH	0							
	IN-KIND	0							
3. Staff Training (+)	CASH	0							
	IN-KIND	0							
4. Equipment (+)	CASH	0							
	IN-KIND	0							
5. Consultants (+)	CASH	0							
	IN-KIND	0							
6. Food Costs (+)	CASH	0							
	IN-KIND								
7. Other Costs (+)	CASH								
	IN-KIND	0							
8. DIRECT AREA AGENCY COSTS (=)	CASH	0	0	0					
	IN-KIND	0	0	0					
9. Indirect or Grantee Allocated Costs (+)	CASH								
	IN-KIND								
10. TOTAL AREA AGENCY COSTS (=)	CASH	0	0	0					
	IN-KIND	0	0	0					
11. Cost of Contracted Services (+)	CASH	171,892	27,792	144,100					
	IN-KIND	12,470	12,470	0					
12. TOTAL AREA PLAN COSTS (=)	CASH	171,892	27,792	144,100					
	IN-KIND	12,470	12,470	0					
13. TOTAL CASH & IN-KIND		184,362	40,262	144,100					

BUDGET SUMMARY - BUDGETED FUNDING

TITLE III PROGRAMS

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/0 PSA NO.: 6

FUNDING SOURCES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III C-3 School-Based	(g) III D In-Home	(h) III F Disease Prev
1. USDA	CASH	996,149			494,990	501,159			
2. USDA Commodities	IN-KIND	0			0	0			
3. Non-Matching	CASH	2,430,002	0	1,355,141	327,303	747,558		0	0
Contributions	IN-KIND	2,016,733	0	1,075,636	806,128	134,969		0	0
4. State Funds	CASH	851,500	0	133,015	257,878	457,277		0	3,330
5. Matching	CASH	11,055,466	1,637,542	5,793,362	2,098,397	1,512,252		0	13,913
Contributions	IN-KIND	0	0	0	0	0		0	0
6. Grant Related Income	CASH	1,695,471	0	163,125	1,022,519	509,827		0	0
7. Federal Funding	CASH	2,628,994	66,480	953,198	1,067,802	469,885		0	71,629
			0	0	0	0		0	0
8. TOTAL AREA	CASH	19,657,581	1,704,022	8,397,841	5,268,888	4,197,958		0	88,872
								0	0
PLAN FUNDING	IN-KIND	2,016,733	0	1,075,636	806,128	134,969		0	0
9. TOTAL CASH & IN-KIND		21,674,314	1,704,022	9,473,477	6,075,016	4,332,927		0	88,872

TITLE VII PROGRAMS

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/0 PSA NO.: 6

FUNDING SOURCES		(a) Total Amount Budgeted	(b) VII Ombudsman	(c) VII Elder Abuse Prev	(d) VII Elder Rights/Legal	(e) VII Outreac Counseling	(f)	(g)	(h)
10. USDA	CASH								
11. USDA Commodities	IN-KIND								
12. Non-Matching	CASH	99,083	2,227	96,856					
Contributions	IN-KIND	12,470	12,470	0					
13. State Funds	CASH	1,488	685	803					
14. Matching	CASH	16,595	2,642	13,953					
Contributions	IN-KIND	0	0	0					
15. Grant Related Incom	CASH	16,000	0	16,000					
16. Federal Funding	CASH	38,726	22,238	16,488					
17. TOTAL AREA	CASH	171,892	27,792	144,100					
PLAN FUNDING	IN-KIND	12,470	12,470	0					
18. TOTAL CASH AND IN-KIND		184,362	40,262	144,100					

AREA PLAN BUDGET
CDA 122 (2/96) Page 4

MATCHING CONTRIBUTIONS

BUDGET PERIOD: 7/1/00-6/30/01	[ ] ORIGINAL [x] REVISION NO.: 2	GRANT NO.: FF0001-06	DATE: 04/08/01	PSA NO.: 6

SECTION A

MATCHING REQUIREMENTS — TITLE III PROGRAMS

ITEM	(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III C-3 School-Based Nutr	(f) III D In-Home	(g) III F Disease Prev	(h) Total
1. Costs to be Matched = Pg 1 Ln 13 minus Pg 3 Lns 1 thru 4	1,704,022	6,909,685	4,188,718	2,491,964	0	0	85,542	15,379,931
2. Required Matching Percentages	25%	10.53%	10.53%	10.53%	10.53%	10.53%	10.53%	
3. Minimum Required Match= Ln 1 X Ln 2	426,006	727,590	441,072	262,404		0	9,008	1,866,079
4. Required Local Public Agencies Matching Contributions = Ln 3 X 25%								466,520

SECTION B

AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS

Source	Cash	In-Kind	Total
Off Street Parking Tax & City &			0
County of San Francisco General			0
Fund	1,637,542		1,637,542
			0
			0
			0
			0
			0
			0
			0
			0
5. TOTAL (AT LEAST = LN 3 col (a))	1,637,542	0	1,637,542

SECTION C

LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

Source	Cash	In-Kind	Total
Off Street Parking Tax & City &			0
County of San Francisco General			0
Fund	9,417,924		9,417,924
			0
			0
			0
			0
			0
			0
			0
			0
6. TOTAL (AT LEAST = LN 4 col (h))	9,417,924	0	9,417,924

ADEQUATE PROPORTION, USDA & TRANSFERS (EXCLUDING OTO)

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/01 PSA NO.: 6

SECTION A

ADEQUATE PROPORTION CALCULATION (Does not include OTO)

ITEM			Amount
1. Total Supportive Services Federal Share Page 10 Column (h)		+	942,413
2. Less III B Ombudsman Federal Share Page 10 Column (h) Direct and Contracted		-	29,172
3. Equals III B Supportive Services Base Allocation		=	913,241
Service Category	Federal Share	% of Base*	Approved Percentage^
4. Information & Assistan	0		
5. Case Management	23,194		
6. Assisted Transportation			
7. Transportation	420,093		
8. Outreach	0		
9. Total Access	443,287	48.54%	48.54%
10. Personal Care	19,957		
11. Homemaker	37,001		
12. Chore			
13. Alzheimer's Day Care	0		
14. Total In-Home	56,958	6.24%	6.65%
15. Legal Assistance	409,223	44.81%	44.81%

* Total Federal share Divided by III B Base (line 3)

^ As Approved in the Area Plan

SECTION B

USDA ENTITLEMENT (Does not include OTO)

Congregate Nutrition	Number of Senior Meals	Rate	Entitlement Amount
12. July 1 to	243,508	0.53	129,059
13. Oct 1 to	678,186	0.53	359,439
14. Total	921,694		488,498
Home Deliv Nutrition	**Number of Senior Meals**	**Rate**	**Entitlement Amount**
15. July 1 to	259,795	0.53	137,691
16. Oct 1 to	674,843	0.53	357,667
17. Total	934,638		495,358

SECTION C

TRANSFER OF FUNDS AND USDA ADJUSTMENTS (Does not include OTO)

Fund	Current Budget Display	Increase	Decrease	New Budget Display
18. III B Admin	90,835	0	90,835	0
19. III B Ombudsman	29,172	0	0	29,172
20. III B Program	822,306	90,835	0	913,141
21. III C-1 Admin	100,977	0	34,497	66,480
22. III C-1 Program	1,033,305	34,497	0	1,067,802
23. III C-2 Admin	41,828	0	41,828	0
24. III C-2 Program	428,057	41,828	0	469,885
25. TOTAL FEDERAL	2,546,480	167,160	167,160	2,546,480
26. State B Ombudsman	90,113	0	0	90,113
27. State B Program	42,902	0	0	42,902
28. State C-1 Congr Admin	0	0	0	0
29. State C-1 Congr Program	257,878	0	0	257,878
30. State C-2 Home Del Admin	0	0	0	0
31. State C-2 Home Del Progra	457,277	0	0	457,277
32. State D In-Home	0	0	0	0
33. State VII Ombudsman	685	0	0	685
34. State VII Elder Abuse Prev	803	0	0	803
35. TOTAL STATE	849,658	0	0	849,658
36. C-1 USDA	527,621	0	39,123	488,498
37. C-2 USDA	488,895	6,463	0	495,358
38. TOTAL USDA	1,016,516	6,463	39,123	983,856

SECTION D

JUSTIFICATION FOR TRANSFERS

AREA PLAN BUDGET

CDA 122 (2/96) Page 6

SCHEDULE OF PAID PERSONNEL COSTS

TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/01 PSA NO.: 6

POSITION TITLE	%	Admin	%	Direct III B	%	Direct III C-1	%	Direct III C-2	%	Direct III C-3	%	Direct III D	%	Direct III F	%	Total Title III	%	Non-Title III
Commission Secretary	100	60,481													100	60,481		
Clerk Typist	100	86,850													100	86,850		
Accountants	100	49,373													100	49,373		
Senior Accountant	100	53,224													100	53,224		
Senior System Account	100	74,236													100	74,236		
Nutritionist	100	128,718													100	128,718		
Info & Asst Specialist			100	121,255											100	121,255		
Division Director	100	88,796													100	88,796		
Specialist in Aging II	100	320,225													100	320,225		
Specialist in Aging III	100	72,167													100	72,167		
Info Systems Administr	100	130,552													100	130,552		
Commission & Advisor	100	8,700													100	8,700		
TOTAL SALARIES	100	1,073,322	100	121,255		0		0		0		0		0	100	1,194,577		0
PAYROLL TAXES		82,016		13,410											100	95,426		
EMPLOYEE BENEFITS	100	232,666	100	20,941											100	253,607		
TOTAL PAID PERSONNEL		1,388,004		155,606		0		0		0		0		0	100	1,543,610		0

TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/01 PSA NO.: 6

POSITION	%	Admin	%	Direct III B	%	Direct III C-I	%	Direct III C-2	%	Direct III C-3	%	Direct III D	%	Direct III F	%	Total Title III	%	Non-Title III
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
TOTAL SALARIE		0		0		0		0		0		0		0		0		0
PAYROLL TAXES																0		
BENEFITS																0		
TOTAL IN-KIND PERSONNEL		0		0		0		0		0		0		0		0		0

AREA PLAN BUDGET

CDA 122 (2/96) Page 8

SCHEDULE OF PAID PERSONNEL COSTS

TITLE VII PROGRAMS-DIRECT SERVICES

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/01 PSA NO.: 6

POSITION	%	VII Omb	%	VII Elder Abuse Prev	%	VII Eld Rgt Legal	%	VII Outrch, Counseing	%		%		%		%	Total Title VII	%	Non-Title VII
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
TOTAL SALARI		0		0		0		0		0		0		0		0		0
PAYROLL TAXES																0		
EMPLOYEE BENEFITS																0		
TOTAL PAID PERSONNEL		0		0		0		0		0		0		0		0		0

SCHEDULE OF IN-KIND PERSONNEL COSTS

TITLE VII PROGRAMS-DIRECT SERVICES

BUDGET PERIOD: 7/1/00-6/30/01 [ ] ORIGINAL [x] REVISION NO.: 2 GRANT NO.: FF0001-06 DATE: 04/08/01 PSA NO.: 6

POSITION	%	VII Omb	%	VII Elder Abuse Prev	%	VII Eld Rgt Legal	%	VII Outrch, Counselng	%		%		%		%	Total Title VII	%	Non-Title VII
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
																0		
TOTAL SALARIE		0		0		0		0		0		0		0		0		0
PAYROLL TAXES																0		
BENEFITS																0		
TOTAL IN-KIND PERSONNEL		0		0		0		0		0		0		0		0		0

AREA PLAN BUDGET
CDA 122 (2/96) Page 10

SCHEDULE OF SUPPORTIVE SERVICES

BUDGET PERIOD: 7/1/00-6/30/01 | [ ] ORIGINAL [x] REVISION NO.: 2 | GRANT NO.: FF0001-06 | DATE: 04/08/01 PSA NO.: 6

PROGRAMS	(a) Total Budgeted Costs	Non-Matching Contributions (b) Cash	(c) In-Kind	(d) State Funds	Matching Contributions (e) Cash	(f) In-Kind	(g) Grant Related Income	(h) Federal Share
PART I			DIRECT SERVICES					
Information & Assistance	163,798			42,902	120,896	0	0	0
					0	0	0	0
					0	0	0	0
TOTAL PROGRAMS	163,798	0	0	42,902	120,896		0	
Program Development								
Coordination								
TOTAL PD&C	0	0	0		0	0	0	
TOTAL DIRECT SERVICES	163,798	0	0	42,902	120,896	0	0	
PART II			CONTRACTED SERVICES					
1. Personal Care (In-Home)*	61,490	0	3,428	0	38,105	0	0	19,957
2. Homemaker (In-Home)*	177,261	29,676	0	0	110,584	0	0	37,001
3. Chore (in-Home)*	0	0	0	0	0	0	0	0
5. Adult Day/Health Care	568,163	106,127	41,347	0	269,813	0	150,876	0
6. Case Management (Access)*	846,323	216,112	78,404	0	528,613	0	0	23,194
9. Assisted Transportation (Access)*		0	0	0	0	0	0	0
10. Transportation (Access)*	683,031	0	0	0	262,938	0	0	420,093
11. Legal Assistance*	745,039	116,603	7,790	0	203,222	0	8,201	409,223
13. Information & Assistance (Access)*	0	0	0	0	0	0	0	0
14. Outreach (Access)*	1,642,569	33,198	154,897	0	1,454,474	0	0	0
15. Other Services:								
15a. Housing	127,883	49,575	500	0	77,808	0	0	0
15b. Alzheimer's (In-Home)*		0	0	0	0	0	0	0
15c. Security/Crime		0	0	0	0	0	0	0
15d. Health	46,996	2,614	0	0	44,382	0	0	0
15e. Mental Health		0	0	0	0	0	0	0
15f. Comm Svcs/Senior Center Mgt	4,229,374	794,554	751,861	0	2,664,353	0	4,048	14,558
15g. Employment		0	0	0	0	0	0	0
15h. Consumer		0	0	0	0	0	0	0
16. Ombudsman	181,550	6,682	37,409	90,113	18,174	0	0	29,172
TOTAL CONTRACTED SERVICES	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TOTAL SUPPORTIVE SERVICES	[illegible]	1,255,141	1,075,636	90,113	5,672,466	0	163,125	953,198
BUDGET PERIOD: [illegible]		[illegible]	[illegible]	133,0151	[illegible]			

SCHEDULE OF NUTRITION (III C-1 & III C-2), IN-HOME SERVICES FOR FRAIL ELDERLY (III D), & DISEASE PREVENTION (III F) PROGRAMS

BUDGET PERIOD: 7/1/00-6/30/01 (b) Area Plan GRANT NO.: FF0001-06 (g) III D PSA NO.: 6

PROGRAMS		(a) Total Budgeted Costs	Non-Matching Contributions (b) Cash	(c) In-Kind	(d) State Funds	Matching Contributions (e) Cash	(f) In-Kind	(g) Grant Related Income	(h) Federal Share
III C-1 *									
7. Congregate Meals		5,860,825	822,293	806,128	257,878	1,882,356	0	1,022,519	1,069,652
12. Nutrition Education		216,041	0	0	0	216,041	0	0	0
Area Agency Administration		0	0	0	0	0	0	0	0
Total III C-1		6,076,866	822,293	806,128	257,878	2,098,397	0	1,022,519	1,069,652
*Includes USDA in Non-Matching Cash Contributions									
III C-2 *									
4. Home Delivered Meals		4,213,998	1,185,782	134,969	457,277	1,435,703	0	509,827	490,440
8. Nutrition Counseling									
12. Nutrition Education		139,484	62,935			76,549			
Total III C-2		4,353,482	1,248,717	134,969	457,277	1,512,252	0	509,827	490,440
*Includes USDA in Non-Matching Cash Contributions									
III D									
1. Personal Care									
2. Homemaker									
3. Chore									
Total III D		0	0	0	0	0	0	0	0
III F									
8. Nutrition Counseling									
12. Nutrition Education		75,249	0	0	3,330	13,913	0	0	58,006
Medication Management		13,623			0				13,623
		0							0
Total III F		88,872	0	0	3,330	13,913	0	0	71,629

Program numbering corresponds with the National Aging Program Informatio System (NAPIS)

ASSURANCES

A. The area agency on aging assures that it shall:

1. Develop an area plan and carry out, directly or through contractual or othe arrangements, a program in accordance with the plan within the planning anc service area. (305{c})

2. Submit for approval by the State agency a plan which meets all requirements specified in Section 306(a)(1) and (2). (306{a})

3. Specify annually in the area plan, as submitted or as amended, in detail the amount of funds expended for each such category of services (i.e., services associated with access to services, in-home services, and legal assistance) during the fiscal year most recently concluded. (306{a}{2})

4. Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating as such foca points multipurpose senior centers operated by organizations that have a proven record of providing services to older individuals that: (a) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 USC 2790) foı fiscal year 1981 and did not lose the designation as a result of failure tc comply with such Act; or (b) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs and that meet the requirements under section 675 (c)(3) of the Community Services Block Grant Act (42 USC 9904{c}{3}). (306{a}{6}{E})

5. Provide for the establishment and maintenance of sufficient numbers of information and assistance services to assure that all older individuals within the planning and service area covered by the plan will have reasonably convenient access to such services, with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of individuals with such disease or disorders). (306{a}{4})

6. Set specific objectives for providing services to older individuals with the greatest economic needs and greatest social needs, including specific objectives for providing services to low-income minority individuals, and include proposed methods of carrying out the preference in the area plan. (306{a}{5}{A}{I})

7. Include in each agreement made with a provider of any service under this title, a requirement that such provider will: (I) specify how the provider intends to satisfy the service needs of low-income minority individuals in the area served by the provider; (II) to the maximum extent feasible, provide services to low-income minority individuals in accordance with their need for such services;

and (III) meet specific objectives established by the area agency on aging for providing services to low-income minority individuals within the planning and services areas. (306{a}{5}{A}{ii})

8. Use outreach efforts that will: (i) identify individuals eligible for assistance under this Act, with special emphasis on: (I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals); (III) older individuals with greatest social need (with particular attention to low-income minority individuals); (IV) older individuals with severe disabilities; (V) older individuals with limited English-speaking ability; and (VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance. (306{a}{5}{B})

9. Ensure that each activity undertaken by the agency including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals. (306{a}{5}{c})

10. Perform for the planning and service area all of the activities specified in Sec. 306(a)(6)(A) through (S). (306{a}{6}{A}-{S})

11. Provide assurances that any amount received under Part D will be expended in accordance with such part. (306{a}{7})

12. Provide assurances that any amount received under Part E will be expended in accordance with such part. (306{a}{8})

13. Provide assurances that any amount received under Part F will be expended in accordance with such part. (306{a}{9})

14. Assure that the area agency on aging, in carrying out the State Long-term Care Ombudsman program under section 307 (a)(12) and 712, will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 1991 in carrying out such a program under this title. (306{a}{11} and 307 {a}{12})

15. Assure that the activities conform with: (i) the responsibilities of the area agency on aging, as set forth in this subsection; and (ii) the laws, regulations, and policies of the State served by the area agency on aging. (306{a}{13}{B})

16. Assure that it will: (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships; (B) disclose to the Commissioner and the State agency (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and (ii) the nature of such contract or such relationship; (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship; (D) demonstrate that the quantity or quality of the services to be provided under this title by such

agency will be enhanced as a result of such contract or such relationship; and (E) on the request of the Commissioner or the State for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. (306{a}{14}{A} through {E})

17. Assure that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. (306{a}{15})

18. Assure that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (306 {a}{16})

19. Assure that projects in the planning and service areas will reasonably accommodate participants, as described in section 307 (a)(13)(G). (306 {a}{17})

20. Assure that the area agency on aging will, to the maximum extent practicable, coordinate the services it provides under this title with services provided under title VI (306{a}{18}

21. Assure that (A) the area agency on aging will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits under this title, if applicable; and (B) specify the ways in which the area agency on aging intends to implement the activities. (306{a}{19})

22. Assure that case management services provided under this title through the area agency on aging will: (A) not duplicate case management services provided through other Federal and State programs; (B) be coordinated with services described in subparagraph (A); and (C) be provided by: (i) a public agency; or (ii) a nonprofit private agency that: (I) does not provide, and does not have a direct or indirect ownership or controlling interest in, or a direct or indirect affiliation or relationship with an entity that provides, services other than case management services under this title; or (II) is located in a rural area and obtains a waiver of the requirement described in subclause (I). (306 {a}{20})

23. Be [a] the leader relative to all aging issues on behalf of all older individuals in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the planning and service area. These systems shall be designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

[b] A comprehensive and coordinated community-based system described in paragraph (a) of this section shall: {1} Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue; {2} Provide a range of options; {3} Assure that these options are readily accessible to all older individuals: The independent, semi-dependent and totally dependent, no matter what their income; {4} Include a commitment of public, private, voluntary and personal resources committed to supporting the system; {5} Involve collaborative decision-making among public, private, voluntary, religious, and fraternal organizations and older people in the community; {6} Offer special help or targeted resources for the most vulnerable older individuals, those in danger of losing their independence; {7} Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community; {8} Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person; {9} Have a unique character which is tailored to the specific nature of the community; {10} Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future. (1321.53{a}, {b})

24. Use the resources made available to the area agency on aging under the Older Americans Act to finance those activities necessary to achieve elements of a community -based system set forth in paragraph (b) [of Section 1321.53]. (1321.53{c})

25. Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. (1321.53{3})

26. Assure access from designated focal points to services financed under the Older Americans Act. (1321.53{c})

27. Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points. (1321.53{c})

28. Consult with and support the State's Long-term Care Ombudsman Program. (1321.61{b}{4})

29. [Note deem any] requirement in Section 1321.61 to supersede a prohibition contained in the federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122. (1321.61{d})

30. Assure that individuals age 60 and over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. (1321.69{a})

B. The State agency, the California Department of Aging is assuring in the State Plan on Aging that the following requirements will be met. The State's assurance is based on area agency on aging compliance with certain federal statutes and regulations and

State statutes including those identified below. Any area agency on aging which has a need for technical assistance in regard to such compliance should contact its assigned Community Services Analyst.

The area agency on aging assures that:

1. Such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the area agency on aging including any such funds paid to the recipients of a grant or contract. (307{a}{7}{A})

2. (i) no individual (appointed or otherwise) involved in the designation of the head of any subdivision of an area agency on aging, is subject to a conflict of interest prohibited under this Act; (ii) no officer, employee, or other representative of an area agency on aging is subject to a conflict of interest prohibited under this Act; and (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. (307{a}{7}{B})

3. (i) (It will) maintain the integrity and public purpose of services provided, and service providers, in all contractual and commercial relationships; (ii) Demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this Act by such agency has not resulted and will not result from such contract or such relationship; (iii) Demonstrate that the quantity or quality of the services to be provided under the plan will be enhanced as a result of such contract or such relationship. (307{a}{7}{C})

4. It will give consideration where feasible, in the furnishing of home-delivered meals, to the use of organizations which (i) have demonstrated an ability to provide home- delivered meals efficiently and reasonably; and (ii) furnish assurances to the area agency on aging that such organizations will maintain efforts to solicit voluntary support and that the funds made available under this title to such organizations will not be used to supplant funds from non-federal sources. (307{a}{13}{H})

5. It shall establish procedures that will allow nutrition project administrators the option to offer a meal, on the same basis as meals are provided to elderly participants, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany to meal sites older individuals who are eligible under this Act. (307{a}{13}{1})

6. In the case of purchase or construction, there are no existing facilities in the community suitable for leasing as a multipurpose senior center, [and that the] plans and specifications for the facility are in accordance with regulations relating to minimum standards of construction, promulgated with particular emphasis on securing compliance with the requirements of the Act of August 12, 1968, commonly known as the Architectural Barriers Act of 1968. (307{a}{14}{B} and {C})

7. Any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the facility [multipurpose senior center] will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Act of March 3,

1931 (40 U.S.C. 276a - 276a-5, commonly known as the Davis-Bacon Act), and the Secretary of Labor shall have, with respect to the labor standards specified in this clause, the authority and functions set forth in reorganization plan numbered 14 of 1950 (15 F.R. 3176; 64 Stat. 1267), and Section 2 of the Act of June 13, 1934 (40 U.S.C. 276c). (307{a}{14}{D})

8. It shall (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Commissioner; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. (307{a}{15}{A})

9. No legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Commissioner, that any grantee selected is the entity best able to provide the particular services. (307{A}{15}{B})

10. It shall, to the extent practicable, require that legal assistance furnished under the area plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals. (307{a}{15}{D})

11. It will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. (307{a}{15}{E})

12. [In carrying out services for the prevention of abuse of older individuals], it will conduct a program [other than such a program funded under Section 303(g)], consistent with relevant State law and coordinated with existing State adult protective service activities for:

    (i) public education to identify and prevent abuse of older individuals;

    (ii) receipt of reports of elder abuse;

    (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social services agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate. (307{a}{16}{A}, p.36-37)

13. If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, then the area agency on aging shall (A) utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (B) designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. (307{a}{20})

14. Its area plan shall, with respect to the fiscal year preceding the fiscal year for which the plan is prepared:

    (a) identify the number of low-income minority older individuals in the planning and service area; and

    (b) describe the methods used to satisfy the service needs of such minority older individuals. (307{a}{23})

15. It shall conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Sec. 306(a)(6)(I), for older individuals who:

    (a) reside at home and are at-risk of institutionalization because of limitations on their ability to function independently;

    (b) are patients in hospitals and are at-risk of prolonged institutionalization; or

    (c) are patients in long-term care facilities, but who can return to their home if community-based services are provided to them. (307{a}{26})

16. It shall consult and coordinate in the planning and provision of in-home services under Section 341 of the Older Americans Act, with State and local agencies and private nonprofit organizations which administer and provide services relating to health, social service, rehabilitation, and mental health services. (307{a}{27})

17. Its area plan shall, with respect to the fiscal year preceding the fiscal year for which the plan is prepared, describe the methods used to satisfy the service needs of older individuals who reside in rural areas. (307 {a}{29})

18. Special efforts will be made to provide technical assistance to minority providers of services. (307{a}{32})

19. Funds received under Title III will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. (307{a}{38})

20. Preference in receiving services under this Title III will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (307{a}{39})

21. If the area agency on aging receives funds appropriated under section 303 (g) (for supportive services for caregivers) the area agency on aging will expend such funds to carry out part G. (307{a}{40})

22. Demonstrable efforts will be made: (A) to coordinate services provided under this Act with other State services that benefit older individuals; and (B) to provide multi generational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth intervention, juvenile delinquency treatment, and family support programs. (307{a}{41})

23. It shall prepare and submit to the State agency a report of the activities conducted with funds provided under this paragraph and the evaluation of such activities. (705{a}{7}{B}{iii})

24. All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services. (1321.17{f}{4})

25. It shall not fund program development and coordination activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans. (1321.17{f}{14}{I})

26. It shall, consistent with budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of supportive services to the general public for review and comment. (1321.17{f}{14}{ii})

27. It shall provide the State agency an explanation of how proposed expenditures for program development and coordination will have a direct and positive impact on the enhancement of services for older individuals in the planning and service area. (1321.17{f}{14}{iii})

28. Any amount received for a program under Title VII will be expended in accordance with the provisions of Title VII for that program. (Title VII)

C. The area agency on aging may not:

1. Require a provider of legal assistance under this part to reveal any information that is protected by attorney-client privilege. (1321.51{c})

2. Engage in any activity which is inconsistent with its statutory mission under the Act or policies prescribed by the State agency. (1321.53{c})

APPENDICES

Appendix I
2001-2005 Area Area Plan
AAA Services Matrix

PSA 6

FY 2001-02

Federal Programs	Funding Sources *							Funding Amount (Optional)
	IIIB	IIIC	IIIF	V	VII	State	Other	
Adult Day Care/Health	C			n/a				
Assisted Transportation	C			n/a				
Case Management	C			n/a				
Chore	C			n/a				
Community Services	C			n/a				
Congregate Meals	C	C		n/a		C		
Disease Prevention	C		C	n/a				
Elder Abuse Prevention	C		C	n/a	C	C		
Employment	C			n/a				
Family Support	C			n/a				
Health	C			n/a				
Home Delivered Meals	C	C		n/a		C		
Homemaker	C			n/a				
Home Repair				n/a				
Housing	C			n/a				
Information & Assistance	D			n/a		D	City/County	
Legal Assistance	C			n/a				
Mental Health				n/a				
Nutrition Counseling	C	C		n/a				
Nutrition Education	C	C	C	n/a				
Ombudsman	C			n/a	C	C	City/County	
Outreach	C			n/a				
Personal Care	C			n/a				

Appendix Continued	**Funding Sources ***							Funding Amount (Optional)
	IIIB	**IIIC**	**IIIF**	**V**	**VII**	**State**	**Other**	
Program Development & Coordination				n/a				
Transportation	C			n/a				
Security/Crime				n/a				
Senior Center Renovation/ Acquisition				n/a			City/County	
Community Based Programs								
Alzheimer's (ADCRC)						C	n/a	
Brown Bag						C	n/a	
Foster Grandparent						C	n/a	
HICAP						C	n/a	
Linkages						C	n/a	
Respite Purchase of Service						C	n/a	
Respite Registry						C	n/a	
Senior Companion						C	n/a	

*For each program indicate if the AAA provides it as a Direct (D) or Contracted (C)

APPENDIX IA

NOTICE OF INTENT FOR AREA AGENCY ON AGING TO PROVIDE SPECIFIED OLDER AMERICANS ACT SERVICES

CDA has determined that provision of the specific Title III and Title VII services listed below is considered to be part of the function of an AAA. An AAA may provide these services directly because it has a leadership role and the mandated responsibility to meet the service needs of the targeted populations in the Planning and Service Area. (California Code of Regulations, Article 3, §7320.)

On the basis of completion of this Appendix IA, AAA will receive authorization through the Area Plan approval process to provide these services for the four-year planning period, Fiscal Year (FY) 2001-2005.

Check all applicable Services	If the Notice of Intent is not for all four years of the Planning Period, check the applicable Fiscal Year(s)			
___✓___Title III B Information and Assistance (formerly Information and Referral)	___FY 2001-02	___FY 02-03	___FY 03-04	___FY 04-05
____Title III B Case Management	___FY 2001-02	___FY 02-03	___FY 03-04	___FY 04-05
____Title III B Program Development and Coordination	___FY 2001-02	___FY 02-03	___FY 03-04	___FY 04-05
____Title III F Disease Prevention and Health Promotion	___FY 2001-02	___FY 02-03	___FY 03-04	__FY04-05
____Title VII Prevention of Elder Abuse, Neglect, and Exploitation	___FY 2001-02	___FY 02-03	___FY 03-04	___FY 04-05

APPENDIX IB

REQUEST FOR APPROVAL TO PROVIDE TITLE III DIRECT SERVICES
Older Americans Act section 307(a)(10)
California Code of Regulations, Article 3, §7320(c)

Complete a separate Appendix IB for each type of service for which the AAA is requesting approval to provide as a direct service for the four-year planning period.
(Do not include services identified in Appendix IA.)

Type of Service:_____

Basis of Request for Waiver:

❑ Necessary to Assure an Adequate Supply of Services

❑ Comparable Quality is More Economical if Provided by the AAA

If this request is not for all four years of the Planning Period, check each applicable Fiscal Year:

___FY 2001-02 ___FY 2002-03 ___FY 2003-04 ___FY 2004-05

Summarize the process followed and the facts that support this request. Also list the documentation available and add an asterisk next to the items that are provided as attachments.

Not Applicable

The COA is not requesting approval to provide any service aside from information and referral as a direct service.

APPENDIX II

PUBLIC HEARINGS
Conducted for the 2001-2005 Planning Period
California Code of Regulations, Title 22, Article 3, §7302(a)(10) and §7308

- Place an asterisk beside the hearings at which the Area Plan was presented in a language other than English and/or at which a translator was used.

Location (Neighborhoods Covered)	Date	Attending	Languages
First United Lutheran Church (Richmond)*	11/05/98	133 (113 seniors)	English Chinese Russian
St. Mary's Cathedral (Western Addition/Cathedral)*	11/02/98	106 (84 seniors)	English Korean Chinese Japanese
Telegraph Hill Neighborhood Center (Northeast)*	11/12/98	178 (141 seniors)	English Spanish Chinese Russian
Salvation Army (Central City/Potrero Hill)*	11/16/98	94 (66 seniors)	Cambodian English Spanish Chinese Tagalog
Francis of Assisi Community (Mission/Bernal Heights/Noe Valley/Buena Vista)*	11/19/98	196 (154 seniors)	English Spanish Russian Tagalog
City College of San Francisco (Bayview/Hunter's Point)	11/17/98	49 (31 seniors)	English

OMI-Pilgrim Community Center (OMI/St. Francis Woods/Miraloma Park)*	11/12/98	82 (71 seniors)	Eng Tag
Christ Lutheran Church (Outer Sunset)*	11/19/98	115 (85 seniors)	Eng Chin Rus
Francis of Assisi Community (LGBT Community)	1/8/99	94 (68 seniors)	Eng
First Unitarian Church (Asian Pacific Islander Community)*	10/22/98	70 seniors	Canton Mand Toishan Tag
Department of Public Health Hearing Room (citywide)	12/02/98	95 (44 seniors)	Eng
The Gateway School (Inner Sunset)	10/19/00	155 (122 seniors)	Eng Canton Mand Rus Spa

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalize homebound, and/or disabled older individuals.

Input from homebound individuals was sought by home-delivered meal assessment information. Input from the disability community was sought through one key inform interview as well as a needs assessment conducted by the Independent Living Resource Center in San Francisco.

2. Were proposed expenditures for Program Development and Coordination (PD&C) discussed at the hearing?

_____Yes _____No ✓ Not Applicable

3. Summarize the comments received concerning proposed expenditures for PD&C, if applicable.

Not Applicable

(continued)

Public Hearings (Appendix II, continued)

4. Were all interested parties notified of the public hearing and provided the opportunity to testify regarding the establishment of minimum percentages for adequate proportion expenditures in the PSA?

_____Yes _____No ✓Not Applicable

5. Summarize the comments received concerning the establishment of minimum percentages for adequate proportion.

Not Applicable

6. Summarize other major issues discussed or raised at the public hearings.

Not Applicable

7. List major changes in the Area Plan resulting from input by attendees at the hearings.

Not Applicable

APPENDIX III

GOVERNING BOARD
California Code of Regulations, Article 3, §7302(a)(11)

Number of Members on the Board: 7

Names/Titles of Officers	Term Expires
Officers:	
Marjorie Stern/President	1/19/03
Vera Haile/Vice-President	7/21/04
Other Members:	
Clarence Brown	7/21/04
Rosario Carrion-Di Ricco	2/01/01
Joe Lacey	6/10/03
Raymond del Portillo	7/21/04
Veneracion Zamora	1/15/02

APPENDIX IV

ADVISORY COUNCIL
Code of Federal Regulations 42 CFR §1321.57
California Code of Regulations, Article 3,§ 7302(a)(12)

Names/Titles of Officers	Term Expires
William Hollabaugh, President	3/31/03
Betty McQuiston, 1st Vice President	3/31/02
Dorothy Kerr, 2nd Vice President	3/31/02
Lee Jessor, Secretary	3/31/03

Names/Titles of other council members (List all council members or attach current roster)	Term Expires
Kenneth Babb	3/31/03
Donna Calame	3/31/03
Wende Chan	3/31/01
Anna Chun	3/31/02
Marie Conroy-Salbi	3/31/02
John Horak	3/31/02
Edna James	3/31/02
Edmund Jew	3/31/02
Adoracion Jimenez	3/31/03
Anne Johnson	3/31/03
Leonard Ke	3/31/03
Anne Kirueshkin	3/31/02
Tsuyako Kitashima	3/31/03
Roger Langford	3/31/03
Bob Lipman	3/31/02
Ernestine Pina McGoldrick	3/31/02
Reeva Olson	3/31/02
Fran Watkins.	3/31/02

Total Council Membership (including vacancies) 22
Number of Council Members 60+ 60%

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	43%	62%
Latino	12%	5%
African American	9%	14%
Asian/Pacific Islander	36%	19%
Native American/Alaskan Native	<1%	0
Other	<1%	0

Other Representation		
Low Income Representative	✓ Yes	No
Disabled Representative	✓ Yes	No
Supportive Services Provider Representative	✓ Yes	No
Health Care Provider Representative	✓ Yes	No
Veteran Health Care Provider Representative	✓ Yes	No
Local Elected Officials	✓ Yes	No
Individuals with Leadership Experience in the Private And Voluntary Sectors	✓ Yes	No

Explain any "No" answer. (Attach additional paper, if needed.)

Briefly describe the process designated by the local governing board to appoint Advisory Council members. (Attach additional paper, if needed.)

APPENDIX V

ADEQUATE PROPORTION PERCENTAGES
for Access, In-Home Services, and Legal Assistance

The California Code of Regulations, Article 3, §7312, requires that the Area Agency on Agi allocate a percentage of federal funds to provide Access, In-Home Services, and Legal Assistance in the Planning and Service Area. The annual minimum allocation is determine by the Area Agency through the planning process.

The minimum percentages of applicable Title III-B funds* listed below have been identified annual expenditure throughout the four-year planning period. These percentages are base on needs assessment findings, resources available within the Planning and Service Area, discussions at public hearings on the Area Plan.

Category of Service	Percentage of Title III-B Funds To Be Expended in FY 2001-2005
Access: (Case Management, Assisted Transportation, Transportation, Information and Assistance, and Outreach)	48.61%
In-Home Services: (Personal Care, Homemaker, and Chore)	0 %
Legal Assistance:	51.39 %

Attached is a copy of the Schedule of Supportive Services (page 6) from the CDA 180 Closeout document for 1999-00 to provide details about the amount of funds expended for Access, In-Home Services, and Legal Assistance.

*Minimum percentages of applicable funds are calculated on the annual Title III-B baseline allocatic minus Title III-B administration, minus Ombudsman.

(continued)

Changes in Adequate Proportion for 2001-2002 (Appendix V, continued)

If the percentage to be expended for Access, In-Home Services, or Legal Assistance is less than the percentage currently approved by the California Department of Aging, the Area Agency on Aging shall provide the following information (use additional paper if required):

The following questions are not applicable. The adequate proportion is not less than that approved by the CDA

1. Demonstrate that services being provided for each applicable category are sufficient to meet the need for the service within the PSA.

   (not applicable)

2. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that: a reduction was proposed; the proposed reduction would be discussed at the hearing; and all interested parties would be given an opportunity to testify regarding the reduction.

   (not applicable)

3. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed reduction in funding for this category of service was discussed at Area Plan public hearings.

   (not applicable)

Closeout Report

State of California

FINANCIAL CLOSEOUT REPORT

CDA 180 (6/97) Page 6

Department of Aging

SCHEDULE OF SUPPORTIVE SERVICES

GRANT PERIOD: 07/01/99 - 06/30/00 | [ ] ORIGINAL [X] REVISION NO.: 1 | GRANT NO.: FF 9900-06-02 | DATE: 11/30/00 | PSA NO.: 06

PROGRAMS	(a) Total Actual Costs	Non-Matching Contributions (b) Cash	(c) In-Kind	(d) State Funds	Matching Contributions (e) Cash	(f) In-Kind	(g) Grant Related Income	(h) Federal Share
PART I			DIRECT SERVICES					
INFORMATION & ASSISTANCE	151,206	0	0	38,840	112,366			0
								0
								0
TOTAL PROGRAMS	151,206	0	0	38,840	112,366	0	0	0
Program Development								0
Coordination								0
TOTAL PD&C	0	0	0	0	0	0	0	0
TOTAL DIRECT SERVICES	151,206	0	0	38,840	112,366	0	0	0
PART II			CONTRACTED SERVICES					
1. Personal Care (In-Home)*	115,479	0	0	0	107,470	0	0	8,009
2. Homemaker (In-Home)*	0	0	0	0	0	0	0	0
3. Chore (In-Home)*	0	0	0	0	0	0	0	0
5. Adult Day/Health Care	539,897	94,898	68,032	0	264,560	0	112,407	0
6. Case Management (Access)*	811,212	148,234	108,869	0	500,443	0	44,685	8,981
9. Assisted Transportation (Access)*	0	0	0	0	0	0	0	0
10 Transportation (Access)*	425,878	0	0	0	33,237	0	0	392,641
11. Legal Assistance*	908,887	221,216	22,690	0	270,092	0	3,634	391,255
13. Information & Assistance (Access)*	0	0	0	0	0	0	0	0
14. Outreach (Access)* Senior Centrals	1,487,896	52,632	59,235	0	1,376,029	0	0	0
15. Other Services:								
Housing	123,087	49,575	500	0	73,012	0	0	0
Alzheimer's (In-Home)*	0	0	0	0	0	0	0	0
Security/Crime	0	0	0	0	0	0	0	0
Health	69,537	18,027	0	0	51,510	0	0	0
Mental Health	0	0	0	0	0	0	0	0
Comm Svcs/Senior Center Mgt	4,565,149	789,077	813,097	0	2,877,168	0	85,807	0
Employment	0	0	0	0	0	0	0	0
Consumer	0	0	0	0	0	0	0	0
Other: Senior Central Development	0	0	0	0	0	0	0	0
16. Ombudsman	206,994	8,616	36,400	90,113	42,693	0	0	29,172
TOTAL CONTRACTED SVCS	9,254,016	1,382,275	1,108,823	90,113	5,596,214	0	246,533	830,058
TOTAL SUPPORTIVE SERVICES	9,405,222	1,382,275	1,108,823	128,953	5,708,580	0	246,533	830,058

*Denotes Priority Services

Program numbering corresponds with the National Aging Program Information System (NAPIS)

APPENDIX VI

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COMMUNITY FOCAL POINTS LIST

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Senior Information and Referral is the primarily community focal point:

25 Van Ness Avenue, Room 650
San Francisco, CA 94102
(415) 626-1033

While Senior Information and Referral is the primary Community focal point (phone and drop-i
I&R staff work closely with all the COA contract organizations and other senior services prov
providing information to help link older adults and care givers with available resources.

APPENDIX VII

TITLE III-B MULTIPURPOSE SENIOR CENTER (MPSC) ACQUISITION AND CONSTRUCTION* COMPLIANCE REVIEW
California Code of Regulations, Title 22, Article 3, §7302(a)(15)

(This has a 20-year tracking requirement, e.g., 1985 TO 6/30/05)

PSA # 6

[X] No Title III-B funds have been used for MPSC Acquisition or Construction.

tle III Grantee And/Or Senior enter	Type Acq/Const	III-B Funds Awarded	% of Total Costs	Recaptured Period MM/DD/YY Begins/Ends	Compliance Verification
ame: **Not Applicable** ddress:					
ame: ddress:					
ame: ddress:					
ame: ddress:					
ame: ddress:					
ame: ddress:					

onstruction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or ıking modifications to, or in connection with, an existing facility which more than doubles the square footage of the original :ility and all physical movements.

:quisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as MPSC.

APPENDIX VIII

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CORPORATE ELDERCARE

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Is the Area Agency currently involved in corporate eldercare?

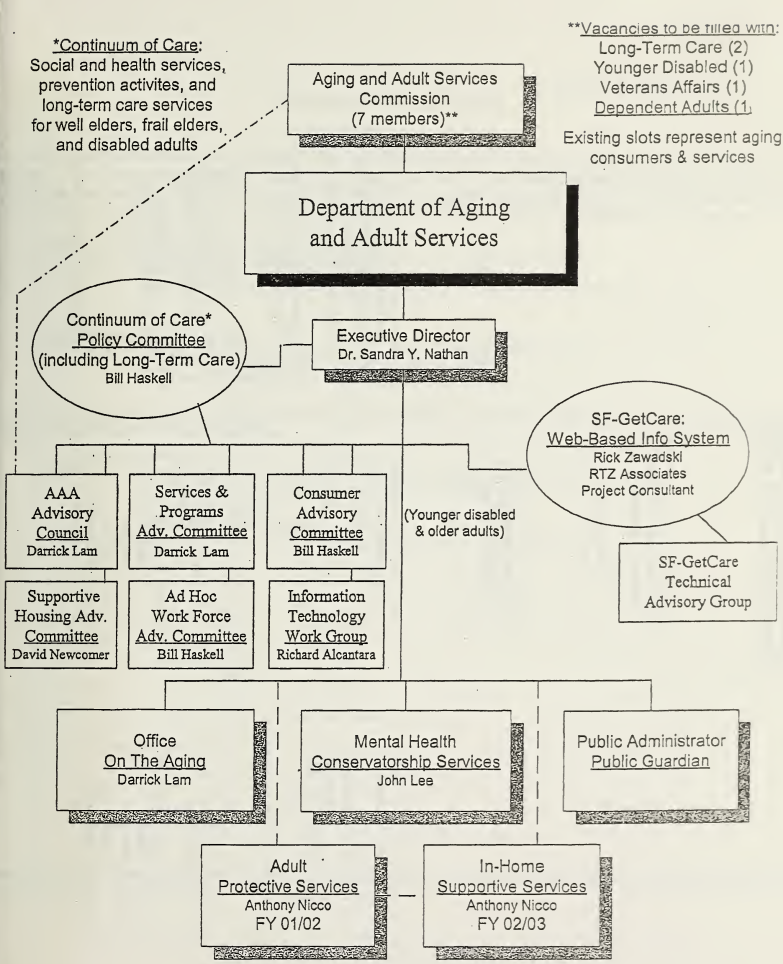
_____Yes __X__No If yes, please describe your activities.

Is the Area Agency planning to become or to continue to be involved in corporate eldercare?

_____Yes __X__No If yes, please describe your activities?

The Area Agency shall adhere to all the corporate eldercare requirements of the California Depart of Aging. The Department is currently in the process of regulation development. Until regulation finalized, all corporate eldercare activities should be consistent with Program Memos 90-57 and 9

Area Agencies planning to initiate contracts should draft proposals as soon as possible to allo Department to work with the Area Agency to expedite the review and approval process.

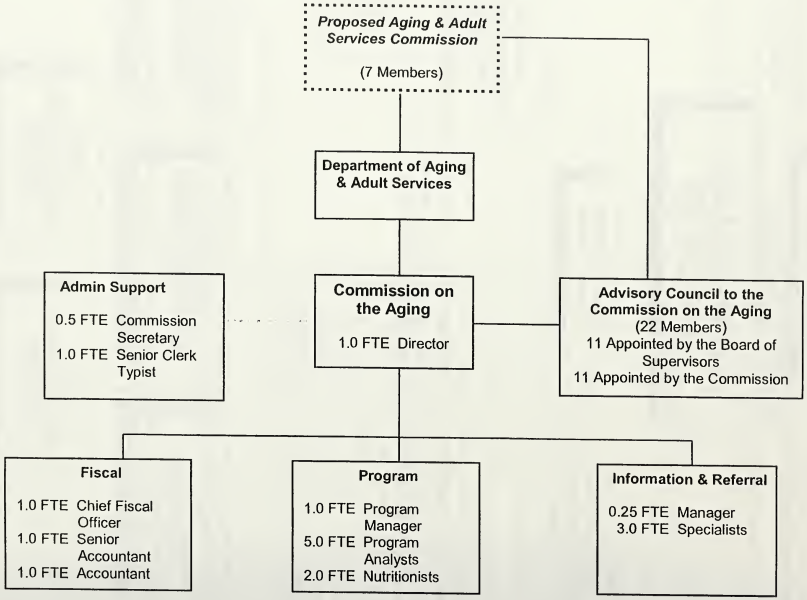


Attachment 3: Organizational Chart

Administrative Oversight of Long-Term Care Services
Department of Aging and Adult Services - lead agency
(March 2001 to April 2005)

City and County of San Francisco

Commission on the Aging



APPENDIX XI

TRANSMITTAL LETTER

he 2001-2005 Area Plan for PSA 6 is hereby submitted to the California Department of Aging for pproval. The **(Governing Body)** supports the development of community-based systems of care and cognizes the responsibility within each community to establish systems in order to address the care eds of older individuals and individuals with functional impairments, their families and caregivers.

(Signed) Vice President 6-13-01
Chairperson, Governing Board — Date
Marjorie Stern

(Signed) Sandra Nathan 6/14/01
Director, Area Agency on Aging — Date
Dr. Sandra Nathan

he Area Agency Advisory Council has had the opportunity to participate in the planning process and to view and comment on the Area Plan.

(Signed) William F. Hollabaugh 6/13/01
Chairperson, Area Agency on Aging Advisory Council — Date
William F. Hollabaugh

lease Note: The language used in this Transmittal Letter may also be used in local resolutions required r transmittal of the Area Plan.

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